

AGHARKAR RESEARCH INSTITUTE, PUNE, INDIA
NATIONAL FUNGAL CULTURE COLLECTION OF INDIA (WDCM 932)
 A National Facility Sponsored by DST, Government of India

FUNGAL IDENTIFICATION SERVICE – DATA SHEET*

Nature [Pathogenic/Risk to] Plant Human Animal Environment Unknown

1. Details of Culture

- a. Host/Substrate/Part: (Pathogen, Saprophyte, Endophyte, etc.)
 Give details.....
- b. Place/Locality/District/State (GPS data if available):
- c. Collection Date: Collected By:
- d. Isolation Date: Isolated By:

2. Identity Confirmed based on: **Morphotaxonomy** **Molecular Taxonomy**

3. Growth and Maintenance

- a. Growth Medium:
- b. Growth Temperature:pH.....Incubation Period.....
- c. Sub-culturing Period:
- d. Biosafety Level (Risk group): 1 2

4. General Information

- a. Fungus Name: Depositor's Strain Number:
- b. Special Feature/Usage, If any:
- c. Fungal Culture submitted in: Active form Lyophilized form Any other
- d. Any other important information:

***It is mandatory to submit duly filled-in and signed datasheet/authorization form to NFCCI along with fungal cultures/strains. Incomplete datasheet and authorization form (FORM 3) will not be accepted.**

AUTHORIZATION

I/We hereby authorize NFCCI to deposit and access the fungal cultures (Biological Resource) submitted herewith and to further use for cultivation/duplication, or to distribute the same to a third party without restriction with or without fee. The details furnished in this datasheet are accurate and hereby authorize NFCCI to record in its database(s). It is also declared that necessary permission from National/State Biodiversity Authority has been obtained, wherever it is necessary.

(Signature & Date)

Name of Depositor:
 Designation:
 Affiliation/Postal Address:
 Phone: Fax:
 Email:

FOR NFCCI USE ONLY

Date of Receipt	Accession Number	Identity of Strain	Staff Code

POSTAL ADDRESS: CURATOR, NATIONAL FUNGAL CULTURE COLLECTION OF INDIA, AGHARKAR RESEARCH INSTITUTE, GG AGARKAR ROAD, PUNE 411 004, INDIA

FORM 3