



PLANT IDENTIFICATION REQUEST FORM

NAME OF COLLECTOR:

DESIGNATION:

DEPARTMENT:

INSTITUTE / ORGANIZATION:

NAME OF THE INVESTIGATOR / SUPERVISOR:

CONTACT NO:

EMAIL:

TYPE OF SUBMISSION (Physical sample/Digital image(s)/Liquid preserved sample):

UNDERTAKING: I have gone through the important instructions and I agree to the plant collection and submission guidelines.

SIGNATURE OF DEPOSITOR
DATE:

SIGNATURE OF PROJECT INVESTIGATOR
DATE:

For office use

Work assigned to.....

Remarks and recommendations of the NO/ANO, Herbarium.....

.....

Received by.....

Signature (with date):

Nodal Officer / Associate Nodal Officer, Herbarium