



**BSL-3 FACILITY**  
RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY  
CAMPUS-2-AKKULAM, THIRUVANANTHAPURAM

**FACILITY ACCESS REQUEST AND APPLICATION FORM FOR RGCB USERS**

1. Requested by ( Name of Contact) :
2. Department/Laboratory:
3. Contact Details :
  - a) Mobile Number-
  - b) E-mail ID –
4. Brief Detail of the work to be carried out in BSL-3 facility  
(PLEASE PROVIDE A DETAILED OUTLINE OF THE PROPOSED WORK TO BE CARRIED OUT IN THE BSL3 FACILITY,  
PATHOGEN AND TECHNIQUES TO BE USED, DETAILS SOP's TO BE SUBMITTED ON REQUEST)

**Signature:**

**Place:**

**Date:**