

SCANNING ELECTRON MICROSCOPE FACILITY (SEMF)

**Division of Entomology,
ICAR-Indian Agricultural Research Institute,
New Delhi - 110 012**

**Email: head_ento@iari.res.in, nmmeshram_ento@iari.res.in
(Tel. 011 25842482, Fax: 25842482)**

Revised charges (in Rupees) are proposed as follows.

S.N.	Particulars	Category I (ICAR/IARI/ SAUs)	Category II (Others univs./Others Govt. Deptts)	Category III (Industries/Pvt. Institutions)
1	High Vacuum mode			
	a. Coating per sample	400	500	700
	b. Specimen preparations (Fixation, dehydration, critical point drying) per sample.	600	800	1300
	c. SEM Viewing per sample	300	700	2500
2	Low vacuum mode			
	a. Viewing /per sample (including specimens preparations, if required)	700	1500	4000
3	Environmental mode			
	a. Viewing /per sample (including specimens preparations, if required)	1000	1750	4500
4.	EDX			
	a. Per samples (one spectrum)	750	2000	4000
	b. Per additional spectra	100	200	300
5.	STEM			
	a. Specimen preparations (3 blocks/specimens; 2 LM slide/block; 3grid/1block and stained	1250	2500	3500
	b. Negative staining	300	1000	2000
	c. Viewing time per /sample	300	700	2500
6.	SEM Image recording:			
	Image on CD: Cost for first 1-10 images	75	100	150
	Cost per images thereafter	10	10	10
7.	Image Analysis per hr.	300	1000	1500

1. Validity of charges is up to August, 2014 and subjected to revision each year in the month of August, on the basis of escalation of charges/cost of AMC and consumables etc.
2. Despatch charges: If CD to be posted, Rs. 100/- as postage (Speed Post) charges will be extra
3. Record to be kept for one month from the date of work and thereafter will be destroyed.
4. Payment mode: Payment will be made as Demand Draft (DD) in favour of "Director, IARI" or in cash in person at the office of the Division of Entomology, IARI.

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PROFORMA FOR USERS

Requisition Form for

SEM		STEM		EDX	
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Requisition No. _____

- a. Name, Designation & Address of Principal investigator/ _____
Chairperson with Telephone Number and **Email ID** _____
- b. Name & Designation of user with _____
Telephone Number and **Email ID** _____
- c. Billing Head _____
- d. Category-I (ICAR/IARI/SAUs) (Please tick) ()
Category-II (Other Unives./other Govt. deptt.) ()
Category-III (Industries /Pvt. Industries) ()
- e. Name of the Specimen/Tissue _____ from Insect/Animal/Microbe/Plant/Human/Soil/Others
- f. Name of the fixative used _____ duration _____ Orientation required
- g. Number of specimen to be processed for the proposed thesis/research work. Total _____ Current _____
- h. SEMF will be used for doing:
i) Project research work () ii) Thesis work () (iii) Diagnostic work ()
- i. Name of the Project or Title of the proposed Thesis/Dissertation work and Date of completion _____

- J. **UNDERTAKING:** Please give details of previous publications, if any, emerging out of the work carried out at the SEMF by your group. The chief investigator is requested to certify that he/she will provide information on publications in due course.

Signature of Officer-in-Charge
SEMF

Signature of Principal Investigator/Chairperson
Date & Official stamp

Note: Ideally, perfusion fixation of tissue for EM should be done. Tissues should be cut into 1 X 1 mm thick pieces & fixed in 2.5% glutaraldehyde & 2% paraformaldehyde (PF), in 0.1 M phosphate buffer (pH 7.4) for 6-12 hr (depending on tissue type) at 4°C.

A maximum of 20 samples per performa will be accepted. Samples will be received between 11.00 A.M. - 01.00 P.M. Booking for E.M. viewing will be done at the time of depositing the samples. Telephonic booking has to be confirmed by email.

Due acknowledgement be given to SEMF, IARI, in the research publication emerging out of the work carried out at this Facility.

FOR OFFICIAL USE ONLY

Requisition No. _____

Date _____

A. Work Report: STEM

S.No.	Sample received Date No.	Blocks prepared Date No.	LM Slide Date No.	Grids prepared Date No.	Grids stained/ Immunolabelled/ Negative stained on Date No
1.					
2.					

B. Work Report: SEM

S.No.	Sample received	Specimen prepared	CPD	Coating prepared	Image Analysis/EDX
	Date No.	Date No.	Date No.	Date No.	Date No.
1.					
2.					

C. Allotment of time : STEM/SEM (UV/LV)

S.No.	Date	Register Ref.	Hours.	No. of Images	Technical Support
1.					
2.					
3.					
4.					
5.					

D. Billing Charges

S.No.	Work done	Rate	Number	Amount in Rs.
1.	Specimen preparation			
2.	E.M. Viewing time			
3.	Image recording			
4.	EDX/ Image Analysis			

TOTAL:

Date _____

Officer-in-Charge
SEMF, New Delhi

Staff-in-Charge
SEMF New Delhi