

CSIR - Institute of Microbial Technology, Sector 39-A, Chandigarh – 160036, India  
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**Accession form for general deposit  
(Bacteria, Yeast and Fungi)**

**Depositor(s) information**

Name of the depositor(s). Dr./ Mr. / Ms. :	
Official address :	
Email :	
Phone :	Fax :

**I/We hereby authorize MTCC to accession the culture in its general collections  
and to distribute it on request**

Seal of the Institute / Department

Signature with date

**Culture Details**

Type of the organism : Bacteria	Archea	Fungi	Yeast	Plasmid
Genus	Species			
Strain designation				
Information on sample collection :				
Date of collection				
Locality (village, city, state, country):				
Source of isolation (village, city, state, country):				

Was a sampling agreement (“Prior informed consent” = “PIC”) issued by a competent authority? : Yes                      No			
If yes, please give name and address of the competent authority :			
Isolated by :		Date of isolation :	
Status of the strain (e.g. will it be described as novel species or novel genus):			
Biological Safety Level:    (a) Risk group 1                      (b) Risk group 2                      (c) Do not know			
<i>(MTCC accepts the microorganisms up to Risk Group 2 only)</i>			
If it belongs to (a) or (b) ; <i>According to which organization has this assessment been carried out e.g. WHO, NIH, EU, national regulations?</i> :			
Is the organism known to be or likely to be pathogenic / hazardous to :			
Humans :	Yes	No	Do not know
Animals :	Yes	No	Do not know
Plants :	Yes	No	Do not know
Environment :	Yes	No	Do not know
Is the organism genetically modified : Yes                      No                      Do not know			
Other culture collection numbers if any (e.g. MCC, NCIM, JCM, DSMZ, ATCC, CBS, CCUG, ITCC etc) :			
Herbarium number, if available (for fungi only) :			
Cultivation conditions (medium formulation, gas phase, temperature, pH, incubation time, etc) :			
Sub-culturing period :			
Recommendation on growth conditions (aerobic/anaerobic/microaerophilic/phototrophic,if any) :			

Additional data to confirm the identity (enclose separate sheet):
Morphological and 16S rRNA (bacteria) / ITS-5.8S rRNA (Fungi) <b>[Mandatory]</b>
Biochemical, physiological and phylogenetic analysis
Fatty acid profile and any other available information
Applications / special usage / special features :
Did you receive this organism from others? : Yes                      No  If yes, give details :
References (Please send as e-mail attachment a copy of the manuscript describing the strain.  The information will be maintained in confidence. If not published, after publication, the strain information will be made available to the scientific community) :
Any additional relevant information of interest :

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**FOR MTCC USE ONLY**

Remarks if any:

MTCC Accession Number:

Processed by : \_\_\_\_\_ Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Supervised by : \_\_\_\_\_ Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Entry in Database : Date \_\_\_\_\_ By : \_\_\_\_\_

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