

## CONSENT TO BE A MEMBER OF THE INSTITUTIONAL BIOSAFETY COMMITTEE (IBSC)

I..... (Name of the Member) hereby give my consent to be a member of the Institutional Biosafety Committee to be registered/ renewed at..... (Name of the Organization, City and State/ Union Territory);

I am familiar with, and agree to comply with all the rules mentioned in the Recombinant DNA safety guidelines, 1990; and Guidelines & Handbook for Institutional Biosafety Committee (IBSC), 2011, and as modified time to time by Government of India;

I also assure that non-adherence, if any; arising out of the experiments would be brought to the notice of the Govt. immediately

<u>Items</u>	<u>Details</u>
Title	
Full Name (First Name :: Last Name)	
Current Designation	
Present Affiliation	
Field of Expertise ( <i>Provide details of experience and field(s) of expertise</i> )	
Years of Experience	
Qualification	
Past Assignments	
Town/ Village	
State/ Union Territory	
Valid Mobile Number	
Valid E-mail	

**Name:**

**Signature with  
stamp & date:**