

**Annex I : Application for antimicrobial screening/microbial contaminants analysis**

रु १० को टिकट  
(Rs. 10 stamp)

Request form: DPR/BS/Doc/RF/1

मिति Date:

श्रीमान् महानिदर्शक ज्यू The Director General,  
वनस्पति विभाग Department of Plant Resources,  
थापाथली Thapathali ।

**बिषय : नमुनाहरूको Microbial contamination analysis/Antimicrobial activity screening गराई पाउँ भन्ने बारे ।**

**Subject: Request for Microbial contamination analysis/Antimicrobial activity screening of the submitted samples**

महोदय Dear sir,

उपरोक्त सम्बन्धमा तल उल्लेखित ..... वटा नमुनाहरूको Microbial contaminants analysis/Antimicrobial activity screening गराई प्रतिवेदन उपलब्ध गराईदिनु हुन श्रीमान् समक्ष यो निवेदन पेश गर्दछु ।

Kindly make arrangements for conduction of Microbial contaminants analysis/Antimicrobial activity screening test of the the following .....(number) samples.

गर्नुपर्ने परिक्षणमा (✓) लगाउनु होला ।

Please place (✓) mark in the tests to be conducted

उल्लेखित नमुनाको नाम/Name of the submitted samples:

- १.....
- २.....
- ३.....
- ४.....
- ५.....
- ६.....
- ७.....
- ८.....
- ९.....
- १०.....
- ११.....
- १२.....
- १३.....
- १४.....

S.NO	MICROBIAL CONTAMINANTS ANALYSIS	✓	RATE (NRs)	NO. OF SAMPLES	TOTAL (NRs)
1	Bacteria TVC		800/-		
2	Fungi TVC		800/-		
3	<i>E. coli</i>		700/-		
4	<i>S. aureus</i>		800/-		
5	<i>P. aeruginosa</i>		700/-		
6	Salmonella		900/-		
7	Clostridium spp.		700/-		
8	Enterobacteriaceae		500/-		
9	Shigella		900/-		
	<b>Total</b>				

S.NO	ANTIMICROBIAL ACTIVITY SCREENING	✓	RATE (NRs)	NO. OF SAMPLES	TOTAL (NRS)
1	Antimicrobial test only		2600/-		
2	Antimicrobial test with MBC/ MIC		3000/-		
	<b>Total</b>				

निवेदक :

Applicant.....

संस्था :

Organization.....

छाप :

stamp