

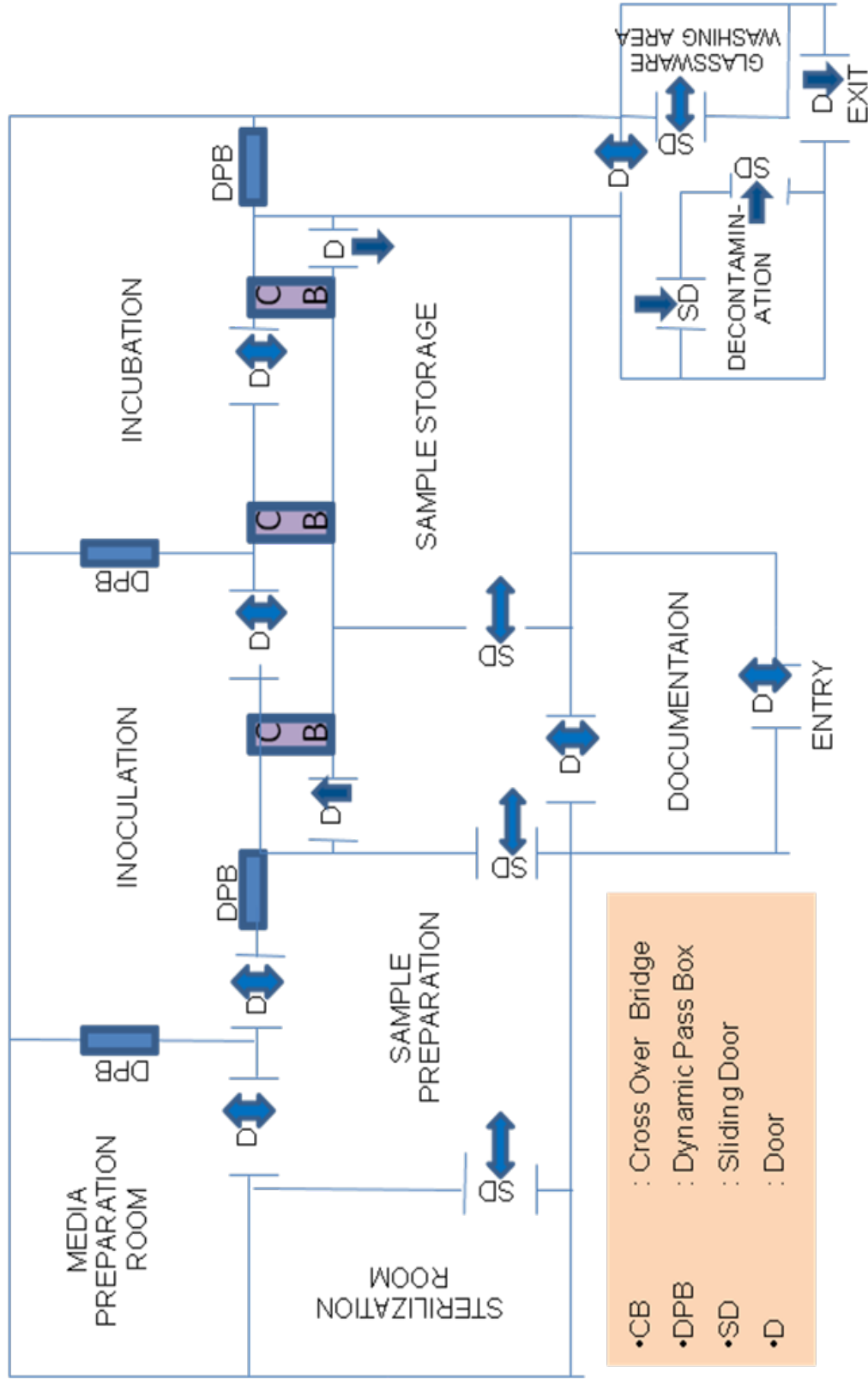
FORMAT OF PROPOSAL FOR SETTING UP OF MICROBIOLOGY LABORATORY

1	Name of the State				
2	Name of the Food Commissioner				
3	Name & Address of the lab				
4	Name of the Contact person				
	a. Contact No.				
	b. Email ID				
5	NABL Accreditation Status				
6	Total available area				
7	Covered area for proposed/ existing microbiology lab.				
8	a. Manpower Positioned	Name of the Post	Sanctioned	Filled	Vacant
		A. Technical			
		Microbiologist			
		Analyst			
		B. Others			

	b. Qualification and Experience	Name	Designation	Qualification	Experience	
9	In case of existing microbiology lab, number of samples analysed during last three years	2015-16	2016-17	2017-18		
10	Equipments available in Laboratory	Name of Equipment			Available (Y/N)	
		Laminar Air Flow Chamber/ Bio Safety Cabinet				
		Autoclave				
		Incubators				
		Digital Colony Counter				
		Lab Blender				
		Water Bath				
		Analytical Balance				
		Deep Freezer				
		UV-Vis Spectrophotometer				
		Microscope				
		Centrifuge				
		Digital pH Meter				
		Anaerobic Jar				
		Refrigerator				
Hot Air Oven						
Micropipette						
Any Other						

		Test Parameter	Facility available (Y/N)
11	Testing Facility available in existing lab.	Trace & Major Elements	
		Sugar Profiling	
		Vitamins and Antioxidants	
		Pesticides residue	
		Antibiotic Residues	
		Microbiological Parameters <ul style="list-style-type: none"> • TPC • Yeast & Mold Count • Coliforms 	
		Food borne pathogens	
		Hygiene indicators	
		Safety indicators	
		Bacteriological analysis of water	
		Rapid tests	
12	Proposed layout design (based on the indicative design provided)	Clear and readable copy to be enclosed	
13	Bank Account Details (for transfer of Grant- in-Aid, if eligible for)	Bank Name and Branch	
		Account No.	
		Beneficiary Name	
		IFSC	
Signature with Stamp			
Date			
Place			

Microbiology Lab Indicative Layout



Microbiology Lab should be uni-directional and any cross-contamination should be avoided.