**Declaration by Recipient of samples**

**(**To be duly signed by the Authorized Signatory)

This is to certify that the ----------------(Nature of Biomaterial) ---------referred to herein being sent to ---------------------------(Name of Institution)------ for ------------------- Specify purpose/ end use)----- will be in the custody of ---------------------------------,and I hereby confirm that they will be utilized for the purpose of ---------------------------- only, and I accept full responsibility and control over the usage of these samples.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_

Designation

\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_