

FORM 2
APPLICATION FOR RENEWAL OF AN
INSTITUTIONAL BIOSAFETY COMMITTEE (IBSC)

1. Name of the organization: _____

2. Head of organization: _____

3. Complete address:
(Please provide contact details
including postal address, phone,
fax and e-mail) _____

4. Date of constitution of IBSC: _____
(Please provide the copy of the O/M issued by DBT)

5. IBSC Code: _____

6. Present composition of IBSC:

	Name
Chairman	
Member Secretary	
DBT Nominee	
Members	
Outside Experts	
Biosafety Officer/ Medical Officer	

7. Number of meetings held in last three years: _____

8. Whether you have submitted minutes of all the meetings held:
€ Yes € No.

9. Brief overview of activities undertaken and GMOs handled:

10. Proposed composition of IBSC:

	Name
Chairman	
Member Secretary	
Members	
Outside Experts	
Biosafety Officer/ Medical officer	

(Copies of CVs to be attached)

11. Suggestion for suitable experts working in similar area who could be identified as DBT nominee.

12. Please provide a brief updated write up about your organization in not more than 500 words for uploading on <http://www.igmoris.nic.in>.