

AGHARKAR RESEARCH INSTITUTE, PUNE, INDIA
NATIONAL FUNGAL CULTURE COLLECTION OF INDIA (WDCM 932)
 A National Facility Sponsored by DST, Government of India

FUNGAL CULTURE DEPOSITION - DATA SHEET*

Nature [Pathogenic/Risk to] Plant Human Animal Environment Unknown

1. General Information

- a. Fungus Name: Depositor's Strain Number:
- b. Synonym: Morph: Anamorph/Teleomorph.....
- c. Fungal Culture submitted in; Active form Lyophilized form Any other
- d. Bio-safety Level (Risk group): 1 2

2. Identified By:

- a. Is it type strain derived from type material: Yes No
 If Yes Give details.....
 For new taxon, description and sequence (if available) should be provided separately.
- b. Publication, if any, provide reference:

3. Details of Culture

- a. Host/Substrate/Part: (Pathogen, Saprophyte, Endophyte, etc.)
 Give details.....
- b. Place/Locality/District/State (GPS data if available):
- c. Location of Herbarium specimen(s) from which the strain isolated:
- d. Collection Date: Collected By:
- e. Isolation Date: Isolated By:

- 4. Identity Confirmed based on:** **Morphotaxonomy** **Molecular Taxonomy**
 If molecular taxonomy please provide Genbank number or details:

5. Growth and Maintenance

- a. Recommended Growth Medium: Growth Temperature:
- b. pH.....Incubation Period.....Sub-culturing Period.....
- c. Recommended method for long term preservation: LN₂ Freeze drying Other

***It is mandatory to submit duly filled-in and signed datasheet/authorization form to NFCCI along with fungal cultures/strains. Incomplete authorization form and agreement (Form 1) will not be accepted.**

AUTHORIZATION

I/We hereby authorize NFCCI to deposit and access the fungal cultures (Biological Resources) submitted herewith and to further use for cultivation/multiplication, or to distribute the same to a third party without restriction with or without fee. The details furnished in this datasheet are accurate and can be included in NFCCI database (s).

(Signature & Date)

Name of Depositor: Designation:

Affiliation/Postal Address:

Phone: Fax: Email:

FOR NFCCI USE ONLY

Date of Receipt	Accession Number	Identity of Strain	Staff Code

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