



# INFORMATION REQUEST FORM

BIODIVERSITY  
INSTITUTE  
DOCUMENTATION  
DIVISION

For External use only  
S.N-----  
Date-----

Please print clearly

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Sign \_\_\_\_\_

Date \_\_\_\_\_  
Department \_\_\_\_\_

For External users only

Tel.No \_\_\_\_\_

Address \_\_\_\_\_

Title/Subject \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Service (S)

Selected Information     Other (specify) \_\_\_\_\_  
 Analysis

Form of Service

Print out                       Flash                       E-mail  
 CD                                       Others

Purpose \_\_\_\_\_

Approved by \_\_\_\_\_  
Name                                      Sign                                      Date

Authorized by \_\_\_\_\_  
Name                                      Sign                                      Date

Processed by \_\_\_\_\_  
Name                                      Sign                                      Date

Request type	Time	Cost
Total		