## MAR IVANIOS COLLEGE (AUTONOMOUS) DEPARTMENT OF BIOTECHNOLOGY

## **APPLICATION FORM FOR ANTIMICROBIAL ACTIVITY TEST**

1	NAME			
2	INSTITUTE			
3	PURPOSE OF STUDY			
4	METHOD (TUBE DILUTION/AGAR DIFFUSION/ WELL DIFFUSION)			
5	MICROBIAL STRAIN REQUIRED			
6	NUMBER OF SAMPLES			
7	SIGNATURE OF THE GUIDE/AUTHORITY WITH DATE			
8	DETAILS OF SAMPLI	ES		
	TYPE	SOLVENT USED	CONCENTRATION	ADDITIONAL NOTES