

Case No. :

**Application Form for a Closed Greenhouse
(for GM crops only) at NCHU**

Date : _____ (DD/MM/YY)

	Name	Department	Position	Tel.
Applicant				
Operator				
Contact Person for Emergency				

Date of Application: From: YY/MM/DD To: YY/MM/DD

Project title					
Type of plant					
Type of experiment	<input type="checkbox"/> Assessment of Inheritable Traits of GMO <input type="checkbox"/> Biosafety Assessment Tests <input type="checkbox"/> Other (Please Describe) : _____.				
Greenhouse No.					
Project Period	From:				
	To:				
Attachment					

● **Signature of Applicant** : _____

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Reply of Biosafety Committee

Result : Approved Not approved

Sign of biosafety committee (Review): _____ (DD/MM/YY)

Sign of biosafety committee (Master): _____ (DD/MM/YY)

Description : _____