Global Partnership Programme

(Sharing of Genetic Materials)

APPLICATION FORM

PART- I

1. Name of the country : 

2. Are you a Member country of ISC ;

3. If so; (1) Year of Joining : 

   (2) Details of the National Delegate :

4. If not; when your country is planning to :
   to enroll as a Member Country?

5. Information of the genetic materials, including parental details, proposed to be shared.

6. Performance of the genetic materials for the last five years

7. Details of the Institution (s) where the material presently is preserved

8. Is the sharing is part of a collaborative programme, if so give details.

9. If not, give the nature of materials
needed to be exchanged

10. Details of the rules prevailing in sharing the genetic materials

11. No. of days required to obtain clearance from the authorities

12. Please describe in your own words (about 250 words) - (a) the need for sharing the genetic materials (b) the output of the sharing, and (3) how it would benefit the sericulture and silk industry in your country.
PART – II

(To be completed by the authorized official of the Government concerned)

I, ________________________________ on behalf of the
Government of ________________________ certify that:

(a) I have carefully studied the details of the “Sharing of Genetic Materials” provided by the ISC Secretariat and from ISC’s web site: www.inserco.org.

(b) I hereby state that the Govt of _____________ shall provide the following facilities for the Volunteer:

1) Details of the Genetic resources as indicated in the application form,

2) The test results of the materials shall be shared with ISC and sourcing country,

3) The sourced materials shall not be exchanged with a third party without the written approval of ISC and the country concerned,

(c) I will make an agreement with the ISC on the terms and conditions of the sharing.

(d) The Govt. of ______________________ take full responsibility of the utilizing the genetic materials for the benefit of the stakeholders of the silk industry.

Name of Authority: ________________

Designation: ______________________

Address: __________________________

Date: ______________________________ Signature

Place: ______________________________ (With seal)