



Archives at NCBS. GVKV Campus, Bellary Road, Bangalore- 560065. Karnataka. India
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De-accessioning Form

Archive reviewer name _____

Date of review _____

Collection ID / Accession No. _____

Collection title/ description _____

Collection state at time of review _____

Reason for de-accession

- | | |
|--|--|
| <input type="checkbox"/> Duplicate material | <input type="checkbox"/> Loss or theft |
| <input type="checkbox"/> Outside scope of collection policy | <input type="checkbox"/> More appropriate at another archive |
| <input type="checkbox"/> Material deteriorated beyond repair | <input type="checkbox"/> Other _____ |

De-accession action (signatures required from recipient for transfer to institution or return to donor)

- | | |
|--|--|
| <input type="checkbox"/> Destruction | <input type="checkbox"/> Auction/give-away |
| <input type="checkbox"/> Transfer to another institution | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Return to donor | |

Date for original Deed of Gift/Transfer Form (attach copy, where applicable) _____

Original donor name, where applicable _____

Donor contact, where applicable _____

De-accession date _____

Archives at NCBS representative name and signature _____

Phone and email _____

Date _____ Place _____

Recipient acknowledgement

Name and signature _____

Date _____ Place _____