

DECLARATION FORM FOR USING MEMFCS

Name:

Supervisor's Name:

Institute:

Address:

Email:

Reason for using this program:

I hereby declare that

- 1) This MEMFCS program will be used for academic purposes only.*
- 2) I will not distribute it to any third party. Anyone who wants a copy may directly approach Dr. S. Maiti, TIFR, Mumbai.*
- 3) I will acknowledge the gift of the program in any publication that may result, and also refer to the original publication (Sengupta et al., Biophys. J., 2003).*

Date:

Signature of the supervisor:

Please fill up this form and send it to maiti@tifr.res.in. The subject line of the mail should read as "Declaration form for the use of MEMFCS".