
Form 'A'

REQUEST FORM FOR TESTING SAMPLES ON PAYMENT

REFERENCE:

FIRM'S NAME:

DATE:

ADDRESS:

NOMENCLATURE / DESCRIPTION

TELEPHONE:

TESTS REQUIRED:

(ALONGWITH SPECIFICATION FOR TESTS / STANDARD TO BE FOLLOWED)

SIGNATURE OF FIRM'S EXECUTIVE/
REPRESENTATIVE WITH NAME AND
DESIGNATION

REMARKS OF LAB INCHARGE:

ACCEPTED / NOT POSSIBLE
DUE FACILITIES NOT
AVAILABLE

SAMPLE NO ALLOTTED:

CALLING IN DATE:
