Application format for Testing Analysis

To Date:
The Scientist In-Charge
Regional Centre for Extension and Development
3/1C Matheswartala Road, Kolkata 700 046
Email: rcedcal@clri.res.in, rcedcal@bsnl.in

Sub: Test/Analysis of the sample(s)

Sir,
We will be highly thankful to you if you kindly arrange the test/analysis of our submitted sample(s) as described below.

We are ready to pay the requisite charge(s) for performing the test/analysis.

I agree to follow all the terms and conditions set by CLRI for providing me this service.

Kindly do the needful.

Thanking you,

With sincere regards,

(Representative of the Organization) (Seal of the organizer)

Name:

Mobile no:

Organization

Address

Phone No **Email**

Reference letter no. & date

Sample Type:	
Test Requested:	

For internal use only	
Testing Charges received by; Date **Invoice No.**	
Sample Code:	
Sample Received for analysis: **Date:**	
Report generated by: **Date:**	
Delivery of Report	**Date:** **Hard Copy :** **Email :** **Signature of the receiver & date:**

----------∞∞∞∞∞∞∞----------

Sample Receiving Slip

Sample Type **Date of Submission**

Analysis requested

Test Charge for the analysis(s)..... **Payment***.....**Due**/**Received**; Invoice No.....
* (Payment should be made in form of **Demand Draft** or **At-Par Cheque** (**any where cheque**) in favour of **Director, CLRI**, DD should be payable at **Chennai**) †Ignore this information if payment already made.

Sample Received By..... **Signature**.....Date.....

Seal of CLRI/authority

----------X—X—X----------