

LAB TEST REQUISITION FORM

Company: _____
Address: _____
City, State, Pin: _____
Phone Number: _____ **Fax:** _____ **Email:** _____
Contact Person: _____ **Mobile:** _____
REFERENCE NO.: _____ **DATE:** _____

To,

Material to be Tested: _____

Please carry out the following tests:

- Test to be Carried Out:**
1. _____
 2. _____
 3. _____
 4. _____

No. of specimen to be Tested: _____

End use of Testing: _____

Proof of End Use: _____
 (attach copy of S.O. or Contract with Defence agency)

Declaration:

"I/WE do hereby declare that "The item to be tested is required for development or production of defence stores against the requirement of Indian Defence Services. It is also confirmed that the Company / Firm had never been blacklisted by any of the government agencies or corporates and the Company / Firm will not utilise the results of these services for any activity other than specified by us in the application submitted for availing the services".

Date:

Signature of the authorised person
 Designation:
