

Test Request Form
(To be used by Non-Pharma Industry Only)

To, Director, Sophisticated Instrumentation Centre for Applied Research & Testing (SICART), Sardar Patel Centre for Science & Technology, Vallabh Vidyanagar –388 120, Anand, Gujarat	For Office Use Only
	Test Request No.:

Note: Send the hand written/ typed copy of signed and completely filled form to Director, SICART along with samples

Customer Details

Name of Customer		Email ID	
Department/ Division		Sample Quantity	
Address of Customer		Your Reference No.	
Phone / Mobile No.		Date	

Samples Details:

Sr. No.	Name of Sample	Batch No.	A.R. No.	Test Requirement/ Instrument Details	Analytical Method/ Sample Preparation Method	Remark (if any)

(*Note: In order to expedite your analytical work, please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or your past analytical experience . We will appreciate your cooperation in this matter.)

Purpose of this analytical Work:.....

User Signature

(Name and Signature along with office seal)

For Office Use Only:

Date:

Signature of TM/DTM

Note: This filled form must be accompanied by letter head issued by the competent authority on the letter head of the organization.