



Food Analysis and Research Laboratory

Centre of Food Technology

Institute of Professional Studies

University of Allahabad, Prayagraj-211002

Ph.: 0532 - 2460289, 9838776622, e-mail - oacellcft@gmail.com

724

ANALYSIS REQUEST FORM

Reg. No.: 719

Date of Receipt: 29.5.19

Time: 10:15 AM

Name of Customer : Mr. R. K. Pandey
 Name of Organization : M/s. P. P. G. L. Baga
 Address : Allahabad
 Contact Person : Mr. Sanjay Gupta
 Phone : 8299207576 Fax : E-mail :

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
	Water	Alkalinity	5 ltr	✓	open	IS 3015 (P 21): 1981 (RA: 2014)	350
		Hardness	1	✓	✓	IS 3015 (P 21): 2009 (RA: 2014)	350
		Turbidity	1	✓	✓	IS 3025 (P 10) 1984 (RA: 2012)	300
		TDS	1	✓	✓	IS 3025 (P 16): 1984 (RA: 2012)	300
		Chloride	1	✓	✓	IS 3025 (P 32) 1988 (RA: 2014)	300
		pH	1	✓	✓	IS 3025 (P 11) 1983 (RA: 2012)	250
		Total Phosphate Content	1	✓	✓	IS 5402: 2012	1850 = + 500
		Coliforms	1	✓	✓	IS 1621: 1981 RA 2009	600

Amount in words: Two thousand eight hundred fifty only Rs. 2950/-
 Name of Test Request :
 Name of TMDy.TM: Pandey
 Sample Retention: YES ☒ No ☐
 Signature of Customer Cell In charge: Vijay

MODE OF TEST REPORT DELIVERY
 Due Date: 10.5.19
 Delivery Instructions (By post/By hand/ By mail):

I declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization, I accept the terms and conditions.

Name of Customer Representative : Sanjay Gupta Name : Sanjay Gupta Date: 29.5.19
 Name of Customer Cell In charge : Vijay Name : Vijay K. Singh Date: 29.5.19



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ANALYSIS REQUEST FORM

Reg No: 728 Date of Receipt: 12.5.19 Time: 2 P.M.

Customer: M/s. Cent Percent Food Product Reference (if any):

Organization: M/s. Industrial Area Ref No:

Name: Agit Singh

9161242622 Fax: E-mail:

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
	water	Alkalinity	50ml	ok	open	IS 3025 (P-15) 1986 (RA 2014)	350
		Hardness	"	"	"	IS 3025 (P-21) 2009 (RA 2014)	350
		Conductivity	"	"	"	IS 3025 (P-14) 1984 (RA 2013)	250
		Turbidity	"	"	"	IS 3025 (P-16) 1984 (RA 2012)	300
		Total solids	"	"	"	IS 3025 (P-15) 1984 (RA 2014)	300
		TDS	"	"	"	IS 3025 (P-11) 1984 (RA 2012)	300
		Chloride	"	"	"	IS 3025 (P-31) 1988 (RA 2014)	300
		PH	"	"	"	IS 3025 (P-11) 1983 (RA 2014)	250
		Zinc	"	"	"	IS 3015 (P-49) 1984	600
		Iron	"	"	"	IS 3025 (P-55) 2005 (RA 2014)	600
		Copper	"	"	"	IS 3025 (P-41) 1992 (RA 2014)	600
		Lead	"	"	"	IS 3025 (P-43) 1992 (RA 2014)	600
		Cadmium	"	"	"	IS 3025 (P-41) 1992 (RA 2014)	600
		Chromium	"	"	"	IS 3025 (P-52) 2005 (RA 2014)	600
		Magnesium	"	"	"	APAC 2nd edn (2011) 934.27	600
		Manganese	"	"	"	APAC 2nd edn (2011) 934.27	600
		Carbonate	"	"	"	APAC 2nd edn (2011) 934.27	400
		Bicarbonate	"	"	"	"	
		Amide	"	"	"	APHA 4500-NH3 B 2nd edn (2011)	350
		Nitrate	"	"	"	APHA 4500-NH3 B 2nd edn (2011)	350
		Total phosphate	"	"	"	IS 5501 2012	500
		Coliforme	"	"	"	IS 5544 (P-1) 2012	600

(in words) Nine thousand four hundred and Rs. 9400=

Test Request

Signature of Customer Cell In charge: [Signature]

Sample Retention: YES ☒ No ☐

MODE OF TEST REPORT DELIVERY

Due Date: 28.5.19

Delivery Instructions (By post/By hand/ By mail):

I declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my

Customer Representative: [Signature] Name: [Signature] Date: [Signature]

Customer Cell In charge: [Signature] Name: [Signature] Date: 12.5.19

Ph.: 0532 - 2460289, 9838776622, e-mail - oacellcft@gmail.com

Time: 11:00 AM

From: Pulak Thapa
To: A Time Tower
Subject:
Re: Kumbha

Reference (if any) :
Ref No :
Fax: E-mail :

Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
Sample 114	Sog	500g	ex	sealed	FAI lab manual method	600-
	T.S.S.				IS 13815 : 2009	250-
	Acidity				IS 13844 : 2003 (RA 2013)	250
	Vi-C				Titration method	550
Sample 114	vitc	114		sealed	Titration method	550
	Benzoic Acid				FAI manual of method food analysis 2011 2016	600
	T.S.S.				IS 13815 : 2009	250
Sample 114	Salt	500g		Sealed	FAI lab manual method	350
	Benzoic Acid				FAI manual of methods of food food analysis 2011 2016	600
					Food Analysis 2016	4000
					2016	800
					2020/	3200-

Rs.

Signature of Customer Cell In charge:.....

PAYMENT

MODE OF TEST REPORT DELIVERY

Due Date

Delivery Instructions (By post/By hand/ By mail)

The mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my
is and conditions.

Representative : [Signature] Name : B. L. KUSHWAHA Date : 23.7.19

Charge : Name : Date :



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Ph.: 0532 - 2460289, 9838776622. e-mail - qacellcft@gmail.com

ANALYSIS REQUEST FORM

Reg. No.: 792

Date of Receipt: 19.9.19

Time: 4:00 pm

Name of Customer	Dr. Alisha	Reference (if any)	
Address of Organization	SHRUTI NAGAR, Allahabad	Ref No	
Contact Person	Alisha		
Ph. No.	9304619460	Fax	
		E-mail	

SAMPLE DETAILS

S. No	Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
		Idi mixed	Antioxidant	150g	OK	sealed	DPPH method	2000
			Told Phenolic Content				Sadashiron method	600
			Phytate Content				folin ciocalteu method	600
			Energy				fusion lab method	
			Carbohydrate				"	1600
			Protein				"	
			Fat				"	
			Minerals				"	
			Total Ash				"	
			Crude fibre				"	
			Calcium				Titration method	400
			Iron				Spectrophotometric	400
			Proxide - Content				fusion lab method	500
			Titrable Acidity				"	250
			Total Phosphorus				IS 5402: 2012	500
			Yeast mixed				IS 5403: 1999 (RA 715)	500
			Calc. form				IS 5401 (P): 2012	600
		Check mail	all for test				See at -	

Total (in words) Twelve thousand seven hundred, twenty Rs. 7950/-

Review of Test Request

Signature of TM/Dy.TM: [Signature]

Signature of Customer Cell In charge: [Signature]

*Sample Retention: YES ☒ No ☐

TESTING CHARGES AND PAYMENT

Advance 2000 + 3000 = 5000

Cash/DD/Cheque & Date: Cash 19.9.19

Balance 7950 - 5000 = 2950

MODE OF TEST REPORT DELIVERY

Due Date 19.9.19

Delivery Instructions (By post/By hand/ By mail)

I hereby declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization. I accept the terms and conditions.

Signature of Customer Representative: [Signature] Name: Alisha Date: 19.9.19

Signature of Customer Cell In charge: [Signature] Name: [Signature] Date: 19.9.19



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ANALYSIS REQUEST FORM

Date of Receipt: 21/10/19...

Time: 1:15 PM

From: Jaipur Hospital & Research

Reference (if any) :

Location: Ganga Rd. Hdd
124/A/1, Marshall Road, Allahabad.

Ref No :

Dr. Dilip Kumar Gaur

9795029210

Fax: E-mail :

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
	Potable Water	Alkalinity	1 liter	OK	open	IS 3025 (P 23) 1988 (RA: 2014)	350
		Total Hardness				IS 3025 (P 21) 2009 (RA: 2014)	350
		Conductivity				IS 3025 (P 14) 1983 (RA: 2014)	250
		Turbidity				IS 3025 (P 10) 1984 (RA 2014)	300
		T.D.S				IS 3025 (P 16) 1984 (RA 2014)	300
		Chloride				IS 3025 (P 32) 1988 (RA 2014)	300
		Total sulfate				IS 3025 (P 15) 1984 (RA 2014)	300
		pH				IS 3025 (P 11) 1983 (RA 2012)	250
		Carbonate Bicarbonate				APAC 20th edn (2011) 920.194	400
		Nitrate				APHA 4500-Nitro B (22nd edn) 2012	350
		Nitrite calc form				APHA 4500-Nitro B 2nd edn 2012 IS 1622: 1981 (RA 2001)	350 600

Total (in words) four thousand one hundred and

Rs. 4100=

Review of Test Request

Signature of TM/Dy.TM: Dilip

Signature of Customer Cell In charge: Dilip

Sample Retention: YES ☒ No ☐

CHARGES AND PAYMENT

Amount: 5000/-
Cheque & Date: 21/10/19
26000/-

MODE OF TEST REPORT DELIVERY

Due Date: 8/11/19
Delivery Instructions (By post/By hand/ By mail) :

I declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization. I accept the terms and conditions.

Signature of Customer Representative : Dilip Kumar Gaur Date: 21/10/19

Signature of Customer Cell In charge : Dilip Kumar Gaur Date: 21/10/19



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ANALYSIS REQUEST FORM

Reg. No. 817

Date of Receipt 23.1.2020

Time: 11:00 AM

Customer	Mt. J.K.R. Sanjaya, enter prison	Reference (if any)	
Organization	Director of J.K. Sanjaya, enter prison	Ref No	
Person	Gyanprakash, Gopikrishna, U.P. 221304		
	838694000136		
	9935105123	Fax:	E-mail:

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
	chicken manila	Energy Protein Carbohydrate fat moisture total Ash Crude fiber	350g	ok	sealed	calorimeter method kjeldahl method difference method BSS lab manual Hot air oven method IS 1947: 2017 BSS lab manual	1600 X 12 19200
	Fry Rice masala		50g				
	Masoori		50g				
	Forced chili		50g				
	Brinjal masala		50g				
	veg Zucchini		50g				
	Physical		50g				
	Tomato masala		50g				
	Ginger masala		50g				
	Carrot masala		50g				
	min masala		50g				
	sweet masala		50g	ok	sealed		
	Tea						

(in words) Nineteen thousand Two hundred only Rs. 19200=

Signature of Test Request

Signature of TM/Dy.TM: [Signature]

Signature of Customer Cell In charge: [Signature]

Sample Retention: YES ☒ No ☐

CHARGES AND PAYMENT

Mode of Payment	Cheque & Date	19200/-
Mode of Test Report Delivery	Due Date	11-2-20
Delivery Instructions (By post/By hand/ By mail)		

I declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization. I accept the terms and conditions.

Signature of Customer Representative: [Signature] Name: [Name] Date: [Date]

Signature of Customer Cell In charge: [Signature] Name: [Name] Date: 27.1.2020



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Ph.: 0532 - 2460289, 9838776622. e-mail - aacellcft@gmail.com

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ANALYSIS REQUEST FORM

Date of Receipt: 28.2.20

Time: 2.10 PM

833

(Mayer Singh)

Reference (if any):

264 Company Ass. Singh

Ref No:

M. 100 C. 100 Allahabad

M. 100 Mayer Singh

9410873783

Fax:

E.mail:

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
	Sample	Detection of	1 kg	✓	Sealed	IS 1470 (P-1) 1961 RA 2013	100
	(Mayer Singh)	Cane Sugar				IS 1471 (P-1) 1961 RA 2013	100
		Detection of				IS 1471 (P-1) 1961 RA 2013	100
		Detection of				IS 1471 (P-1) 1961 RA 2013	100
		Ammonium				IS 1471 (P-1) 1961 RA 2013	100
		Sulphate				IS 1471 (P-1) 1961 RA 2013	100
		Sodium				IS 1471 (P-1) 1961 RA 2013	100
		Chloride				IS 1471 (P-1) 1961 RA 2013	100
		Neutralization				IS 1471 (P-1) 1961 RA 2013	100
		Qualitative				IS 1471 (P-1) 1961 RA 2013	100
		ammonium				IS 1471 (P-1) 1961 RA 2013	100
		Compound (detected)				IS 1471 (P-1) 1961 RA 2013	100
		Skim milk				IS 1471 (P-1) 1961 RA 2013	100
		powder				IS 1471 (P-1) 1961 RA 2013	100
		Fat				IS 1471 (P-1) 1961 RA 2013	100
		SNIF				IS 1471 (P-1) 1961 RA 2013	100

one thousand six hundred fifty up

Rs. 1650

Signature of TM/Dy. TM: [Signature]

Signature of Customer Cell In charge: [Signature]

Sample Retention: YES ☒ No ☐

TERMS AND PAYMENT
Bill
1650/-

MODE OF TEST REPORT DELIVERY
Due Date: 6.2.20
Delivery Instructions (By post/By hand/ By mail):

I hereby declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization, I accept the terms and conditions.

Customer Representative: [Signature] Name: Mayer Singh Date: 28.2.20

Customer Cell In charge: [Signature] Name: Vikram Kumar Singh Date: 28.2.20



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ANALYSIS REQUEST FORM

Date of Receipt: 12.3.20

Time: 2.30 Pm.

m/s. shree Sai food Products

Reference (if any) :

Plot No. 376, Asad Pwr.

Ref No :

De Dhamra, Batapgarh, UP. 230142

Fax: E.mail :

SAMPLE DETAILS

Sample No. Lot no. Batch no.	Sample Identification or Description	Tests to be Performed	Sample Quantity	Whether sample quantity is adequate	Condition of sample upon receipt (sealed/open)	Test method Specifications if any	Charges
3331	Aloe vera juice.	Energy	1 liter	etc	sealed.	Calorimeter method	7
		Protein				Kjeldhal method	
		Carbohydrate				Difference method	1600
		Fat				Solublet method	
		Moisture				Hot air oven	
		Total Ash				IS 3500:1966(RS 2013)	
		Crude fiber				FSM lab method	
		Dietary fiber				FSM lab method	1500/-
		Sodium (Na)				AAS method	600
		Vitamin C				AOAC 20th Ed. (2016) method 967.21	550/-

four thousand Two hundred fifty only

Rs. 4250/-

Signature of Test Request

Signature of TMDy.TM: Rul

Signature of Customer Cell In charge: Rul

Sample Retention: YES ☒ No ☐

TERMS AND PAYMENT

Payment: Nil

Amount & Date: 4250/-

MODE OF TEST REPORT DELIVERY

Due Date :

Delivery Instructions (By post/By hand/ By mail) :

I hereby declare that the above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my organization. I accept the terms and conditions.

Signature of Customer Representative :

Name :

Date:

Signature of Customer Cell In charge :

Name : Rul

Date: 12.3.20