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

ANALYSIS REQUEST FORM

Reg. No.: 981 Date of Receipt: 6.4.21 Time: 4.10 pm

Name of Customer	: M/s Sri Balaji Enterprises	Reference (if any)	:
Address of Organization	: Dhanuwan Gang ... Mld	Ref No	:
Contact Person	: Vijay Singh yadav		
Tel. No.	: 9307461406	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
		Ground water	Alkalinity	3 lit.	ok	open	IS 3025 (Part 23)	350
			Hardness				IS 3025 (Part 21)	350
			Conductivity				IS 3025 (Part 14)	250
			Turbidity				IS 3025 (Part 10)	300
			Total solids				IS 3025 (Part 15)	300
			T.D.S				IS 3025 (Part 16)	300
			Chloride				IS 3025 (Part 32)	300
			pH				IS 3025 (Part 11)	250
			Nitrate				APHA 4500-NO3 23rd Ed	350
			Total Plate count				IS 5402	500
			Coliform	"	"	"	IS 5401	600
								3850

Amount (in words) Three thousand eight hundred fifty only Rs. 3850

Review of Test Request
Statement of Conformity Rrequired: Yes☐ No☐

Signature of TM/Dy.TM: .... Signature of Customer Cell In charge: ....

Sample Retention: YES☐ No☐

TESTING CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
Amount : 3850	Due Date 20.4.21
Draft/Cheque & Date : Cash	Delivery Instructions (By post/By hand/ By mail) : ....
: Nil	

I/We 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: 6.4.21

Signature of Customer Cell In charge : .... Name : .... Date: 6.4.21

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ANALYSIS REQUEST FORM

Date of Receipt: 12.8.21 Time: 4:10 PM

M/s Lavina Products — Reference (if any) :
II 6/7, Alka Vihar Colony, Bamrauli, Prayagraj — Ref No :
Mr. Jay Shankar Prasad
9840979341 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
Egg Noodles	Energy	50 g.	OK	Sealed.	FSSAI lab manual	
	Carbohydrate				FSSAI lab manual	
	Protein				FSSAI lab manual	
	Fat				FSSAI lab manual	1600
	Ash				IS 1155	
	Moisture				IS 4333 (Part 2)	
	Crude fiber				IS 1155	
[illegible] Noodles	for all three sample	"	"	"	as per above	1600
[illegible]						1600
						4800=

Four thousand eight hundred only — Rs. 4800=

Statement of Conformity Rrequired: Yes☐ No☑

Signature of Customer Cell In charge: [signature]

YES☐ No☐

PAYMENT: online ID IMPS-IN/ 122416588692
4800
Nill

MODE OF TEST REPORT DELIVERY
Due Date: 21.8.21
Delivery Instructions (By post/By hand/ By mail) :

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

Representative : [signature] Name : Jay Shankar Prasad Date: 12.8.21

In charge : [signature] Name : N.L. Singh Date: 12.8.21

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ANALYSIS REQUEST FORM

Date of Receipt: 31.8.21 Time: 10.40 am

Dr. Rama Maurya ... Reference (if any) :
CCAS ... MPUAT ... Udaipur ... Ref No :
MP
Rama Maurya
[illegible] 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
Cake (multi grain)	Energy	200g	OK	open	FSSAI lab manual	1600
	Carbohydrate				" "	
	Protein				" "	
	Fat				" "	
	Ash				IS 1155	
	Moisture				IS 4333 (Pt 2)	
	Crude fiber				IS 1155	
	Total Plate count				IS 5402	500
	Yeast & mould				IS 5403	500
						2600
[illegible] (multi-grain)	Fat, Ash, Fiber, Sugar	200g	OK	open	as per above	× 4
Biscuit (multigrain)		200g	OK			10400
Bread (multi grain)		200g	OK	open		
					Less 20%	10400 − 2080
						8320/-

Eight thousand Three hundred Twenty only Rs.

Statement of Conformity Rrequired: Yes ☐ No ☐

[illegible] ... Signature of Customer Cell In charge: ...

YES ☑ No ☐

[illegible]MENT
8320
Online
[illegible]

MODE OF TEST REPORT DELIVERY
Due Date 14.9.21
Delivery Instructions (By post/By hand/ By mail)

[illegible] above mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of my [illegible] terms and conditions.

[illegible] : Rama Maurya Name : Rama Maurya Date: 31.8.21

[illegible] In charge : [illegible] Name : [illegible] Date: 31.8.21

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ANALYSIS REQUEST FORM

Date of Receipt: 8.9.21 Time: 2:30 pm

M/s DSJ Foods Manufacturing & Service	Reference (if any) :		
At Kotkanwanya Sadar Pratapgarh	Ref No :		
Shreyansh Shukla			
[illegible]	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
Food water	Alkalinity	[illegible]	OK	[illegible]	IS 3025 (Part 23)	350
	Hardness				IS 3025 (Part 21)	350
	Conductivity				IS 3025 (Part 14)	250
	Turbidity				IS 3025 (Part 10)	300
	Total solids				IS 3025 (Part 15)	300
	TDS				IS 3025 (Part 16)	300
	Chloride				IS 3025 (Part 32)	300
	pH				IS 3025 (Part 11)	250
	Nitrate				APHA [illegible] 23rd edn	350
	Total Plate count				IS 5402	500
	Coliform				IS 5401	600
						3850

Three thousand eight hundred fifty only Rs. 3850/-

Statement of Conformity Rrequired: Yes No

Signature of Customer Cell In charge: [signature]

YES No

3850 Cash [illegible]	**MODE OF TEST REPORT DELIVERY** Due Date 16.9.21 Delivery Instructions (By post/By hand/ By mail)

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

: [signature] Name : SHREYANSH SHUKLA Date: 6.9.21

: [signature] Name : [illegible] Singh Date: 6.9.21

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ANALYSIS REQUEST FORM

1084 Date of Receipt: 26.11.21 Time: 10.30 Am

Mr. Kiran Sweta (Research Scholar) Reference (if any):
Era University (Lucknow) Ref No:

Courier

9839713902 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
	Sprouted Soyabean flour	Energy	100g	one	open	FSSAI Labmanual	
		Carbohydrate				" "	
		Protein				Kjeldahl method	1600
		fat				Soxhlet method	
		Ash				IS 1155	
		moisture				IS 4333 (P-2)	
		Crude fibre			JS 1155	~~FSSAI labmanual~~	3350
		Iron				UV method	400
		Calcium				" "	400
		Phosphorus				" "	400
		Vitamin C				Titration method	550
	Sprouted Moong flour	Proximate	100g	one	open	as per above	3350
	Sprouted Bajra flour	three samples	100g	one	open		3350
	(in words)	Ten thousand fifty only					Rs. 10050/-

Review of Test Request

Signature of TM/Dy.TM: Signature of Customer Cell In charge:

Sample Retention : YES ..... No..... Statement of Conformity Required: YES ..... No.....

CHARGES AND PAYMENT
Nil
10050/-

MODE OF TEST REPORT DELIVERY
Due Date : 8.12.21
Delivery Instructions (By post/By hand/ By mail) :

I hereby declare that the below 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 listed overleaf.

Customer Representative Signature: Name : Date:

Signature of Customer Cell In charge: Name : Date: 26.11.21

विश्वविद्यालय

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ANALYSIS REQUEST FORM

Reg. No: 434 1091 Date of Receipt: 9.12.21 Time: 11.00 Am

Name of Customer: M/s Alam Agro & Dairy Industries Reference (if any):

Address of Organization: 217 A/2A, Jayantipur, Salem Sarai Mill Ref No:

Contact Person: Samir Alam

Ph. No: 8005315516 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
1		Cow milk	Energy	1 unit	ok	open	FSSAI lab manual	
			Carbohydrate				FSSAI lab manual	
			Protein				Kjeldahl method	
			Fat				IS 1224 (P-1)	1600
			Ash				AOAC 20th Ed method 945.46	
			moisture				Hot air oven method	
			Crude fibre				AOAC 20th Ed method 991.21	
			Calcium				Titration method	400
								2000
2		Buffalo milk	For All Two sample	1 unit	ok	open	as per above	× 2
								4000
Total 4000		(in words)	four thousand only					Rs.

Review of Test Request

Signature of TM/Dy.TM: [signature]

Sample Retention : YES ..✓.. No......

Signature of Customer Cell In charge: [signature]

Statement of Conformity Required: YES ...... No..✓

CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
Amount : 4000	Due Date : 17.12.21
Cash/Cheque & Date : Cash	Delivery Instructions (By post/By hand/ By mail) :
: Nill	

I hereby declare that the below 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 listed overleaf.

Customer Representative Signature: [signature] Name : SAMEER ALAM Date: 9.12.21

Signature of Customer Cell In charge: [signature] Name : [signature] Singh Date: 9.12.21

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ANALYSIS REQUEST FORM

[illegible] 1650 Date of Receipt: 14.12.21 Time: 1.45

[illegible]: Mr Ishani Tripathi Reference (if any):

[illegible]: NIT Rourkela Odisha Ref No:

[illegible]: Dr Madhuresh Dwivedi

Fax: E.mail:

[illegible] DETAILS :

Sample No. [illegible] Batch [illegible]	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
	Wild mushroom (Acc-1)	Energy	200g	ok	Sealed	FSSAI lab manual	1600
		Carbohydrate				FSSAI lab manual	
		Protein				Kjeldahl method	
		Fat				Soxhlet method	
		Ash				IS 1155	
		Moisture				IS 4333 (P-2)	
		Crude fiber				FSSAI lab manual	
		~~Antioxidant~~				~~DPPH~~	~~2000~~
		Total Phenolic content				Singleton method	600
		Calcium				Titration method	400
		Iron				UV method	400
		Phosphorus				UV method	400
		Total Sugar (R and NR)				Lane Eynon method	1100
		Total Chloride					500
		Y & Mould					500
		Free Fatty Acid					300
	Wild mushroom (Acc-2)	for all Two Samples	200g	ok	Sealed		5800 × 2
9280	(in words)	Nine thousand Two hundred eighty only					Rs. 11600

Review of Test Request

Less 20% 2320 = 9280

[illegible] of TM/Dy.TM: [signature]

[illegible] Retention : YES ✓ No......

Signature of Customer Cell In charge: [signature]

Statement of Conformity Required: YES ...... No ✓

[illegible] CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
[illegible] Nill	Due Date 7.1.2022
[illegible]	Delivery Instructions (By post/By hand/ By mail) :
[illegible] 9280	

[illegible] that the below mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of [illegible]. I accept the terms and conditions listed overleaf.

[illegible] Representative Signature: [signature] Name : Prof. M. Dwivedi Date: 14/12/21

[illegible] Customer Cell In charge: [signature] Name : Vipul Singh Date: 14.12.21

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ANALYSIS REQUEST FORM

461/1118

Date of Receipt: 4.1.22 Time: 12.30 pm

M/s Ecave Agro Dairy Pvt Ltd. Reference (if any):

Main Prayagraj. Ref No:

Sachidanand Tiwari

Fax: E.mail:

SAMPLE DETAILS:

Sample 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
	Maida	Protein	500g	ok	Sealed	Kjeldahl method	1250
		Carbohydrate				Food laboratory	
		Gluten Dry & wet				IS 1155	300
							1550
(in words) one thousand five hundred fifty only							Rs. 1550/-

Review of Test Request

[illegible] TM/Dy.TM: [signature]

Signature of Customer Cell In charge: [signature]

[illegible]: YES ...... ✓ No......

Statement of Conformity Required: YES ...... No ✓

CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
NILL	Due Date : 13.1.22
1550/-	Delivery Instructions (By post/By hand/ By mail) :

[illegible] the below mentioned sample (s) is/are submitted with the knowledge and the authority of my organization, and on behalf of [illegible] accept the terms and conditions listed overleaf.

Signature: [signature] Name : Date:

Customer Cell In charge: [signature] Name : Date: 4.1.22

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ANALYSIS REQUEST FORM

Reg. No: 534 1190 Date of Receipt: 3.3.22 Time: 3.15 PM

Name of Customer: M/s [illegible] organic india Reference (if any):
Address of Organization: [illegible] Ref No:
83-A/1 [illegible] Allahabad
Contact Person: Ravinder Singh
Ph. No.: 9452787868 9658741378 Fax: E.mail:

SAMPLE DETAILS:

Sl. 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
1.		Multi Grain Atta	Energy, Carbohydrate, Protein, Fat, Ash, Moisture, Crude Fibre	1k	ok	Sealed	[illegible]	1600
2		Jowar Coconut millet Cookies	for all	250g	ok	sealed	as per [illegible]	1600
3		Multi Grain Cookies	three samples	250g	ok	sealed		1600
								4800

Total 4800 (in words) Four thousand eight hundred only Rs. 4800

Review of Test Request

Signature of TM/Dy.TM: Signature of Customer Cell In charge:
Sample Retention : YES ✓ No...... Statement of Conformity Required: YES ...... No...... ✓

Statement of Conformity Rrequired: Yes☐ No☐

TESTING CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
Advance : .... Cash/Dd/Cq & Date : .... Balance : .... online	Due Date : 16-3.22 Delivery Instructions (By post/By hand/ By mail) : ....

I here by declare that the below 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 listed overleaf.

Customer Representative Signature: [signature] Name: RAVINDER SINGH Date: 3.3.22

Signature of Customer Cell In charge: [signature] Name: [illegible] Date: 3.3.22