



ANALYSIS REQUEST FORM

Sl. No. 988 Date of Receipt: 6/4/21 Time: 4:40 PM

Customer Name: M/s. Sri. Prady. Engr. Prady. Reference (if any):

Organization: Ref No:

Address:

Phone: 9307461406 Fax: Email:

SAMPLE DETAILS

Sample No. Sub 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
	Control water	Alkalinity	360	✓	✓	IS 5031 (Part 23)	350
		Hardness				IS 5031 (Part 2)	350
		Conductivity				IS 5031 (Part 4)	250
		Turbidity				IS 5031 (Part 10)	200
		Total solid				IS 5031 (Part 10)	300
		T.D.S				IS 5031 (Part 10)	200
		Chloride				IS 5031 (Part 30)	200
		pH				IS 5031 (Part 11)	250
		Residue				APHA 4500-Mn3 3310 (C)	350
		Total Plankton				IS 5402	500
		Odour				IS 5406	600
							3800

Words) Three thousand eight hundred fifty Rs. 3800

Test Request Statement of Conformity Required: Yes ☐ No ☒

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

Sample Retention: YES ☐ No ☒

CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
Due Date: <u>30/4/21</u>	Due Date: <u>30/4/21</u>
Charge & Date: <u>.....</u>	Delivery Instructions (By post/By hand/ By mail): <u>.....</u>

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: Name: Date: 6/4/21

Cell In charge: Name: Date: 6/4/21

Food Analysis and Research Laboratory

Centre of Food Technology

Institute of Professional Studies

University of Allahabad, Prayagraj-211002

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

ANALYSIS REQUEST FORM

Date of Receipt: 12.8.21

Time: 4.10 PM

Sample Name: Ms. Lavina Purohit Reference (if any) :
11/6/21, Diksha Purohit, Calcutta Ref No :
Bomrauli, Prayagraj
Ms. Jay Shanker Purohit
8840839346 Fax: E-mail :

SAMPLE DETAILS

Sample 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
	Egg Moalla	Energy	50g	OK	Sealed	FSSAI Lab mud	
		Carbohydrate				FSSAI Lab mud	
		Protein				FSSAI Lab mud	
		Fat				FSSAI Lab mud	1600
		Ash				IS 1155	
		Moisture				IS 4333 (Pt 2)	
		Crude fiber				IS 1155	
	Raw Moalla						1600
		for all three sample				as per above	1600
							4800

Four thousand eight hundred only

Rs. 4800 =

Statement of Conformity Required: Yes ☒ No ☐

Signature of Customer Cell In charge: ML

YES ☐ No ☐

Online ID IMPs-TN/
 4800 122416588
 692

MODE OF TEST REPORT DELIVERY

Due Date

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

24.8.21

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

Signature: [Signature] Name: Jay Shanker Purohit Date: 12.8.21

Signature: ML Name: ML Date: 12.8.21

ANALYSIS REQUEST FORM

Date of Receipt: 31.8.21

Time: 10.40 am

For Food Analysis: CCAS MPVAT mp Reference (if any) :
 Ref No :
 E-mail :
 Fax:

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
Cere (multi-grain)	Energy	20g	OK	dry	As per lab manual	1600
	Carbohydrates				" "	
	Protein				" "	
	Fat				" "	
	Ash				IS 1155	
	moisture				IS 4333 (A12)	
	Crude fiber				IS 1155	
Total protein		20g	OK	dry	IS 5412	500
	Yeast & mold				IS 5401	500
						2600
Fruit (multi-grain)	Fruit	20g	OK	dry	As per advice	44
Seed (multi-grain)	Seed	20g	OK	dry	As per advice	10400
Seed (multi-grain)	Seed	20g	OK	dry	As per advice	10400
Total						2080
						8320 =

Total Human Three hundred Twenty of Rs.

Statement of Conformity Required: Yes ☒ No ☐

Signature of Customer Cell In charge: [Signature]

YES ☐ No ☐

8320

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

Name: [Signature] Date: 31.8.21
 Name: [Signature] Date: 31.8.21

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

ANALYSIS REQUEST FORM

Date of Receipt: 8.9.21

Time: 2.30 pm

Sample Name: Food Manufacturer
Reference (if any):
Ref No:
Address: Kalka Nawariya Sadar Bahapur
District: Sahibganj
Pin: 731167-103
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	Alkalinity	10g	OK	OK	IS 3025 (Pt 23)	300
	Hardness				IS 3025 (Pt 21)	350
	Conductivity				IS 3025 (Pt 14)	200
	Turbidity				IS 3025 (Pt 10)	300
	Total Solids				IS 3025 (Pt 15)	300
	TDS				IS 3025 (Pt 16)	300
	Chloride				IS 3025 (Pt 34)	300
	pH				IS 3025 (Pt 11)	250
	Microbe				APHA 4900 M05 23°C incub	350
	BMP Defect				IS 5402	500
	Color form				IS 5401	600
						3800

Total Charges: Rs. 3800/-

Statement of Conformity Required: Yes ☐ No ☒

Signature of Customer Cell In charge: [Signature]

YES ☐ No ☐

MODE OF TEST REPORT DELIVERY

Due Date

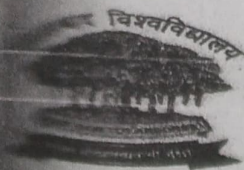
Delivery Instructions (By post/By hand/ By mail)

16.9.21

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

Signature: [Signature] Name: SHREYANSH CHAKRA Date: 6.9.21

Signature: [Signature] Name: [Signature] Date: 6.9.21



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ANALYSIS REQUEST FORM

Reg. No: **434/1091** Date of Receipt: **9.12.21** Time: **11:00 AM**
Customer: **M/s. Alam Agro & Dairy, Jyoti** Reference (if any):
Organization: **217 D/10, Jyoti, Jyoti, Jyoti** Ref No:
Person: **Smriti Alam**
8001315316 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
	Cow milk	Energy	100g	OK	OK	Food Lab	1600
		Carbohydrate				Food Lab	
		Protein				Food Lab	
		Fat				Food Lab	
		Ash				Food Lab	
		Moisture				Food Lab	
		Crude fibre				Food Lab	
		Calcium				Food Lab	400
	Buffalo milk	for All	100g	OK	OK	Food Lab	2000
		Two				Food Lab	2
		Subs				Food Lab	4000
4000	(in words)	four thousand only					Rs.

Review of Test Request

Signature of TM/Dy. TM: **SE**
Sample Retention: YES ☒ No ☐

Signature of Customer Cell In charge: **WPL**
Statement of Conformity Required: YES ☒ No ☐

CHARGES AND PAYMENT

MODE OF TEST REPORT DELIVERY

Due Date: **17.12.21**
Delivery Instructions (By post/By hand/ By mail):

I 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.

Representative Signature: **Smriti** Name: **SMRITI ALAM** Date: **9.12.21**
Customer Cell In charge: **WPL** Name: **WPL S/L** Date: **9.12.21**

ANALYSIS REQUEST FORM

4621118
 Date of Receipt: 4.1.22
 Time: 12.30 PM
 Reference (if any):
 Ref No:
 Sample Name: Maida
 Quantity: 500g
 Whether sample quantity is adequate: Yes
 Condition of sample upon receipt (sealed/open): Sealed
 Test method Specifications if any: As per standard
 Charges: 1250
 Total: 1550

SAMPLE DETAILS:

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	Yes	Sealed	As per standard	1250
	Carbohydrate				As per standard	
	Gluten				As per standard	300
	Dry A. wet					
						1550

(in words) one thousand five hundred fifty rupees

Rs. 1550/-

Review of Test Request

Signature of Customer-Cell In charge: [Signature]
 Statement of Conformity Required: YES No.....

Signature of Customer-Cell In charge: [Signature]
 Statement of Conformity Required: YES No.....

FINANCES AND PAYMENT

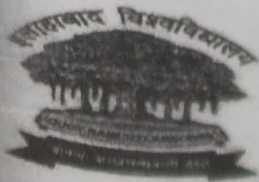
Due Date: 13.1.22
 Delivery Instructions (By post/By hand/ By mail): By hand

MODE OF TEST REPORT DELIVERY

Due Date: 13.1.22
 Delivery Instructions (By post/By hand/ By mail): By hand

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.

Signature: [Signature] Name: [Name] Date: [Date]
 Cell In charge: [Signature] Name: [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. Jyoti Chemicals Pvt. Organic India

Reference (if any):

Address of Organization: H-115,
85-0/1, Boring, Allahabad

Ref No:

Contact Person: Ravinder Singh

Ph. No.: 940-799868

Fax:

E-mail:

9658741178

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 Millet	Proxymy Ash Moisture Carbonyl Redox pH Microbial Carb. Flow	1g	or	Sealed	As per ISIRI 15.11.5 15.11.5 15.11.5 15.11.5	1600
2		Jowar Cornmeal Millet Cookies	Proxymy Ash Moisture Carbonyl Redox pH Microbial Carb. Flow	250g	or	Sealed	As per ISIRI 15.11.5 15.11.5 15.11.5 15.11.5	1600
3		Multi Grain Cookies	Proxymy Ash Moisture Carbonyl Redox pH Microbial Carb. Flow	250g	or	Sealed	As per ISIRI 15.11.5 15.11.5 15.11.5 15.11.5	1600
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 Required: Yes ☐ No ☒

TESTING CHARGES AND PAYMENT

Advance
Cash/Dd/Cq & Date
Balance

MODE OF TEST REPORT DELIVERY

Due Date: 16-3-22
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: Ravinder Singh Name: RAVINDER SINGH Date: 3.3.22

Signature of Customer Cell In charge: Ravinder Singh Name: Ravinder Singh Date: 3.3.22