Food Analysis and Research Laboratory
Centre of Food Technology
Institute of Professional Studies
University of Allahabad, Prayagraj-211002
Ph.: 0532-2460289,9838776622, E-mail-qacellcft@gmail.com

587

ANALYSIS REQUEST FORM

Reg. No. 1242 Date of Receipt: 7.4.22 Time: 4.10 pm

Name of Customer: M/s Shambhunath Group of Institutions Reference (if any): ....
Address of Organization: Jhalwa (Prayagraj) Ref No: ....

Contact person: Deepak ....
Phone: 9307461006 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
	Groundwater	Alkalinity	3 lit	ok	open	IS 3025 (P23)	350
		Hardness				IS 3025 (P21)	350
		Acidity				IS 3025 (P14)	250
		Turbidity				IS 3025 (P10)	300
		TS				IS 3025 (P15)	300
		TDS				IS 3025 (P16)	300
		Chloride				IS 3025 (P32)	300
		pH				IS 3025 (P11)	200
		Nitrate				APHA 4500 NO3 23rd edn	350
		Total Coliform Fecal				IS 5402	500
						IS 1622 1981	600
		Coliform	"	"	"	RA 2019	
							3850
Total 3850	(in words) Three thousand eight hundred fifty only						Rs. 3850

Review of Test Request

Signature of TM/Dy.TM: [signature] Signature of Customer Cell In charge: [signature]

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
Amount: 3850	Due Date: 22.4.22
Cheque/Draft & Date: Cash	Delivery Instructions (By post/By hand/ By mail) : ....
Received: NEFT	

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: VIMAL Name : .... Date: 7.4.22

Signature of Customer Cell In charge: [signature] Name : Vimal Sinha Date: 7.4.22

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ANALYSIS REQUEST FORM

Reg. No: 618 / 2022 Date of Receipt: 5/12/22 Time: 12:30 PM

Name of Customer: M/s Gopal Hospitality Services Reference (if any):

Address of Organization: 124 A M G marg, Civil Line Ref No:
Alld

Contact Person: Saurabh Kr Mishra

Ph. No.: 6390909084 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.		Ground water	Alkalinity	3 ltr	Ok	Open	IS 3025 (P 23)	400
			Hardness				IS 3025 (P 21)	500
			Chlorides				IS 3025 (P 32)	350
			Turbidity				IS 3025 (P 10)	350
			T.S				IS 3025 (P 15)	400
			TDS				IS 3025 (P 16)	400
			Chloride free				IS 3025 (P 32)	500
			pH				IS 3025 (P 11)	300
			Nitrate				APHA 4500 Nitrogen	600
							Nitrogen etc	
			Total Plate Count				IS 5402	750
			Pesticides	1 ltr	"	"	IS 1622: 1981	1000
							KA 2019	
								5550
								1
Total	5550	(in words)	Five Thousand Five					Rs. 5550

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

Advance : 5550

Cash/Dd/Cq & Date : Cash

Balance : NIL

MODE OF TEST REPORT DELIVERY

Due Date : 16.12.22

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: Name : Date: 5/12/22

Signature of Customer Cell In charge: Name : Date: 5/12/22

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ANALYSIS REQUEST FORM

Reg. No: 632 22 RL   Date of Receipt: 21.5.22   Time: 3.10 Pm

Customer: M/s J.B. Food Product   Reference (if any):
of Organization: 381/1 ... Prayagraj   Ref No:
Person: 9807432051
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		Potato chips	Energy	200g	ok	Open	FSSAI lab manual	
			Acidity of extracted fat				" "	
			Protein				hydrolytic ...	
			Fat				Soxhlet method	3100
			Ash				IS 11155	
			Moisture				hot air oven	
			Crude fibre				FSSAI lab manual	
2		Rusk	for All two sample	250g	"	Sound	As per ...	3100
								6200

Total 6200/- (in words) Six thousand Two hundred only   Rs. 6200/-

Review of Test Request

Signature of TM/Dy.TM: [signature]   Signature of Customer Cell In charge: [signature]
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
Amount : 1000	Due Date : 31.5.22
Cash/Ch/Cq & Date : Cash	Delivery Instructions (By post/By hand/ By mail) :
Balance : 5200	

I/We 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 :   Date:
Signature of Customer Cell In charge: [signature]   Name : [signature]   Date: 21.5.22

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ANALYSIS REQUEST FORM

Reg. No: 633 1287 Date of Receipt: 22.5.24 Time: 12.10 pm

Name of Customer: M/s [illegible] Enterprises Reference (if any): ....

Address of Organization: [illegible] Ref No: ....

Contact Person: Mr [illegible] Singh

Ph. No: 6198624162 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	4 lt	Yes	[illegible]	IS 3025 (P23)	400
			Hardness				IS 3025 (P21)	500
			Calcium				IS 3025 (P40)	350
			Turbidity				IS 3025 (P10)	350
			TSS				IS 3025 (P17)	400
			TDS				IS 3025 (P16)	400
			Chlorides				IS 3025 (P32)	500
			pH				IS 3025 (P11)	300
			Nitrate				APHA 4500 [illegible]	600
			Sulphate				IS 3025 [illegible]	600
			Carbonate				[illegible]	1000
			Bicarbonate				APHA 2320 [illegible]	
			Iron				AAS	700
			Zinc				"	700
			Lead				"	700
			Copper				"	700
			Chromium				"	700
			Cadmium				"	400
			Manganese				"	700
			Magnesium				"	700
Total		(in words)						Rs. 10500

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
Amount :	Due Date : ....
Cash/Chq & Date :	Delivery Instructions (By post/By hand/ By mail) : ....
Balance :	

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: ....

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634 Co lure
ANALYSIS REQUEST FORM

Reg. No: .... Date of Receipt: .... Time: ....

Name of Customer: .... Reference (if any): ....

Address of Organization: .... Ref No: ....

Contact Person: ....

Ph. No.: .... 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
							QC.	10500=
		Anduwali	Total plat count	4 ltr	ok	ok	IS 5402	750
			E.coli ~~...~~				IS 5403	750
			Coli form	"	"	"	IS 1622 ... RA 2019	1000
								13000
Total	13000	(in words)	Thirteen thousand only					Rs. 13000

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
Amount: .... Cash/DD/Ch & Date: .... Bank:	Due Date: 2. 6. 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: .... Name : अभिषेक सिंह Date: 23.5.22

Signature of Customer Cell In charge: .... Name : .... Date: 23.5.22

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ANALYSIS REQUEST FORM

Reg. No.: 649 / 302

Date of Receipt: 31.5.22 Time: 3.10 hrs

Name of Customer: M/s S. R. Traders

Address of Organization: 1059 / 1827 Dayubad Allal

Reference (if any):

Ref No:

Contact Person: Shri Kumar

Ph. No.:

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
1	Mung Namkeen	Energy	2 kg	Ok	Sealed	FSSAI lab manual	
		Carbohydrate				FSSAI lab manual	
		Protein				Kjeldahl method	
		Fat				Soxhlet method	
		Ash				IS 1155	
		Moisture				Hot air oven	3100
		Crude fiber					
						FSSAI lab manual	
							3100
						Amt 30%	930
							2170

Total: 2170 (in words) Two thousand one hundred seventy Rs. 2170

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

Amount: 2170
Cash/Cheque Date: Cash
Mode: Pay

MODE OF TEST REPORT DELIVERY

Due Date: 16.6.22

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: S.R. Kumar Name : Date: 31.5.22

Signature of Customer Cell In charge: Name : Date: 31.5.22

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ANALYSIS REQUEST FORM

No.: 6561307 Date of Receipt: 3.6.22 Time: 11.04 AM

Name: ms. Ayesha

Name of Organization: SHUATS Naini Alld Reference (if any): Ref No:

Contact Person: Ayesha

Phone: 6394 012691 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
		Fruit juice whey (Ice Cream) (T0)	Antioxidant Protein	25g	ok	open	DPPH method Kjeldahl method	2500 700
		" (T1)	Protein	25g	ok	ok	Kjeldahl	700
		" (T2)	Protein	25g	ok	ok	Kjeldahl method	700
		" (T3)	Antioxidant Protein	25g	ok	ok	DPPH method Kjeldahl	2500 700
								7800
						less 20%		1560
								6240
		" T0	Total plate count Coliform				IS 5402 IS 5401	750 1000
		" T3	Total plate count Coliform				IS 5402 IS 5401	750 1000
							less 20%	3500 700
Total	9040	(in words)	Nine thousand forty only					Rs. 2800

Total 9040 =

Review of Test Request

Signature of TM/Dy.TM: [signature] Signature of Customer Cell In charge: [signature]

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

Statement of Conformity Rrequired: Yes☐ No☐✓

CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
Amount: 3000 = Cash/Draft Date: Cash 6040 =	Due Date: 17.6.22 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: Ayesha Name : Ayesha Afroz Date: 3.6.22

Signature of Customer Cell In charge: [signature] Name : [illegible] Date: 3.6.22

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[illegible] 659/1310

ANALYSIS REQUEST FORM

Date of Receipt: 6.6.22 Time: 3:00 Pm

[illegible]: M/s S.D.K.L Food Industries Reference (if any): ....

[illegible]: Haigary . Jaunpur Ref No: ....

[illegible]: Ajay yadav

[illegible] ...95095 Fax: .... E.mail: ....

[illegible] DETAILS :

Sample No. [illegible] 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
	Whole wheat flour (Regulated)	Energy	200g	ok	open	FSSAI label	
		Carbohydrate				FSSAI label	
		Protein				Kjeldahl method	
		Fat				Soxhlet method	
		Ash				IS 1155	3100/-
		Moisture				IS 4333 (P2)	
		Total sugar (Reducing/non-reducing)				Lane & Eynon method	x 14
	Whole wheat flour (Processed)	For all further samples					43400/-
	Pizza (Supplying flour)						
	Pizza (Base)						
	Coconut Cutting Tutti (Cookies)						
	Almond Soan Papdi						
	Cashew Honey oats (Cookies)						
	Coconut Cookies						
	Cake Base/Sponge-Vanilla						
	Cake Chocolate						
	Cheesy munchies						
	Methi khasta						
	Whole wheat khari						
(in words)	Fruity Pastries (Patties)						Rs.

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...... ✓

Statement of Conformity Rrequired: Yes ~~Yes~~

[illegible] CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
5000/- Cash	Due Date : 17.6.22 Delivery Instructions (By post/By hand/ By mail) : ....

[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: .... Name: Ajay Yadav Date: 6.6.22

[illegible] Customer Cell In charge: [signature] Name: [signature] Date: 6.6.22

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ANALYSIS REQUEST FORM

[illegible] 1343 Date of Receipt: 2. 8. 22 Time: 1. 10 P.m.

[illegible] Hydrocolloid Plantation's India Reference (if any): ......
[illegible] 12 Zila Sgh farm i 7 Pak Road Ref No: ......
Chunk farm vasant kunj New Delhi
[illegible] Surinder Singh
[illegible] 9831... 93111 Fax: ...... E.mail: ......

[illegible] DETAILS :

[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
	Gum (Powder)	Total plate count	100 g	ok	ok	IS 5402	750
						IS 5403	750
		Yeast mould				IS 5887 (III)	1000
		Salmonella					350
		E. coli				IS 11622:1986	
	Gum Ghatti Powder	for					3350
		[illegible]					x 2
		two				as	
		Super				per	
						enquiry	6700

6700 (in words) Six thousand Seven hundred only Rs. 6700

Review of Test Request

[illegible] TM/Dy.TM: [illegible]
[illegible] : YES ...... No......
Signature of Customer Cell In charge: [illegible]
Statement of Conformity Required: YES ...... No......

Statement of Conformity Rrequired: Yes☐ No☐

[illegible] AND PAYMENT	MODE OF TEST REPORT DELIVERY
6700 Cash Delhi	Due Date 10. 8. 22 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.

[illegible] Signature: [signature] Name : [illegible] Date: 2. 8. 22
[illegible] Customer Cell In charge: [signature] Name : [illegible] Date: 2. 8. 22