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

ANALYSIS REQUEST FORM

Reg. No: 809 1443 Date of Receipt: 31.5.23 Time: 11.30 AM

Name of Customer: Mr. Harinder Singh Reference (if any):

Address of Organization: M.N.I.T. Prayagraj Ref No:

Contact Person: Harinder Singh

Ph. No. 9936393111 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
	Starch - (1)	RVA	2kg	ok	open	Rapid visco Analyser	1000
	Starch - (2)	for All					×11
	Starch - (3)						
	Starch (4)						11000
	Starch (5)						
	Starch (6)						
	Starch (7)						
	Starch (8)						
	Starch (9)						
	Starch (10)						
	Starch (11)						
						Less	- 2200
							8800
Total 88 w	(in words)	Eight thousand eight hundred only					Rs. 8800.

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.....

Decision Rule: Yes☐ No☐

CHARGES AND PAYMENT

Advance : 8800.-

Cash/DD/Cq & Date : Cash

Balance : Nil

MODE OF TEST REPORT DELIVERY

Due Date : 9.6.23

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

I/We 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 : Harinder Singh Date: 31.5.23

Signature of Customer Cell In charge: Name : Nikul CL Date: 31.5.23

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825

ANALYSIS REQUEST FORM

[illegible]: 1458 Date of Receipt: 2·8·23 Time: 12·45 Pm

[illegible]: Dr. Ritu Gupta Reference (if any): ....

[illegible]: Pathi Nursing Home Ref No: ....

39 CY Chintamani Road George town Alld

[illegible]: 9415347519 Fax: .... E.mail: ....

[illegible] DETAILS :

S.No.	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
		Jamuna water	Alkalinity				IS 3025 (P23)	400
			Hardness				IS 3025 (P21)	500
			Turbidity				IS 3025 (P10)	350
			Total solids				IS 3025 (P15)	400
			T.D.S				IS 3025 (P16)	400
			Carbonate					500
			Bicarbonate				AOAC 21st edn	
							37	
			Chloride				IS 3025 (P32)	500
			pH				IS 3025 (P-11)	300
			Nitrate					600
			Total Sulfur				IS 5402	180
			Calcium				IS 5401	1020
			Arsenic					
			Beryllium					
			Cadmium				ICP-OES.	4000
			Lead Chromium					
			Mercury					9900
			Nickel, Selenium, Tellurium					x 2
		Bottle water	(in words) for all two samples					Rs. 19800

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...... ✓

Decision Rule: Yes ☐ No ☑

[illegible] CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
[illegible]: 19800	Due Date : 12·8·23
[illegible] Date: Paid	Delivery Instructions (By post/By hand/ By mail) : ....
[illegible]: Patli.	

[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 : Dr. RITU GUPTA MD Date: 2·8·23

[illegible] Customer Cell In charge: [signature] Name : [illegible] Date: 2·8·23

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ANALYSIS REQUEST FORM

[illegible]: 832 1415 Date of Receipt: 14·8·23 Time: 2·15 Pm

[illegible]: M/s Delight muffins Reference (if any):

[illegible]: 724/5/2 M/2 hemvara Dhumanganj Prayagraj? Ref No:

[illegible]: Md [illegible] c/o Salman

[illegible]: [illegible]2 70411 Fax: E.mail:

[illegible] DETAILS :

[illegible] 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
	Tea rusk?	Energy	2kg	ok	open	FSSAI labmanual	
		Carbohydrate				" "	
		Protein				By calculation	
		Fat				Soxhlet extraction	3100
		Ash				FSSAI labmanual	
		Moisture				Hot air oven	
		Crude fibre				FSSAI labmanual	
	Ajwain Khari?	for all two	"	"	"	as for above	3100
							6200
						Less 20%	1220
							4980
	(in words)	four thousand Nine hundred eighty only					Rs. 4980/-

Review of Test Request

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

[illegible]: YES ...... No...... ✓

Signature of Customer Cell In charge: [signature]

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

Decision Rule: Yes [ ] No [ ]

[illegible] CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
8000? Cash 3980?	Due Date : 24·8·23 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] I accept the terms and conditions listed overleaf.

[illegible] Representative Signature: Md Kamran? Name : Date:

[illegible] Customer Cell In charge: [signature] Name : [signature] Date: 14·8·23

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828
1491

ANALYSIS REQUEST FORM

Date of Receipt: 13. 9. 23 Time: 2.00 pm

Ms Shifat Fatima
Reference (if any):
Address: 351/91/27, Dariyapur Rajajipuram, Lucknow Ref No:
Meer Meena Bakery, 226017
Contact
Phone: 87575 14982 Fax: E.mail:

SAMPLE DETAILS :

Sample No. Carton, Batch etc.	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
	Bread (A)	Energy	100g	Ok	Sealed	Pysical labour	
		Carbohydrate				" "	
		Protein				Kjeldhal method	
		fat				Soxhlet method	3400
		Ash				IS 1155	
		Moisture				IS 4333 (P2)	
		Crude fiber				IS 1155	
		Iron				UV Metho	500
		Calcium				"	500
		Vitamin C				Titration	750
					"		4850
	Bread (B)	for All three	200g			for All three	× 3
	Bread (C)	Simple	200g		"		14550
							2910
					Len 20/-	—	11640
							1
	(in words)	eleven thou six hund forty only					Rs. 11640-

Review of Test Request

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

CHARGES AND PAYMENT
Mode: Cash
Amount: 11640/-

MODE OF TEST REPORT DELIVERY
Due Date : 22. 9. 23
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: 13. 9. 23
Signature of Customer Cell In charge: ..... Name : ..... Date: 13. 9. 23

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ANALYSIS REQUEST FORM

840 1473

Date of Receipt: 21.9.23 Time: 11.30 Am

Allahabad Organic Agriculture Reference (if any):
Organization: Cooperative (AOAC) Ref No:
SHUATS School of Culinary ... farmer ... (SHUATS)
Shub Narayan
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
	Rice	Energy	1kg	OK	Sealed	Fssai lab manual	
		Carbohydrate				Fssai lab manual	
		Protein				Kjeldahl method	
		Fat				Soxhlet method	
		Ash				Fssai lab	3100
		Moisture				Hot air oven	
		Crude fibre				Fssai lab	
	Salt	for all	1kg			as per above	x 5
	Sugarcane		2kg				15500
	Mango fruit		1kg				
	Sugar (Misri)		2kg				
	(in words)	Fifteen thousand five hundred only				Rs.	15500/-

Review of Test Request

Signature of TM/Dy.TM: [signature] Signature of Customer Cell In charge: [signature]
Sub-contracting : YES ...... No...... ✓ Statement of Conformity Required: YES ...... No...... ✓
Decision Rule: Yes[ ] No[✗]

TEST CHARGES AND PAYMENT	MODE OF TEST REPORT DELIVERY
15,500	Due Date : 28.9.23
Cash	Delivery Instructions (By post/By hand/ By mail) :
NILL	

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.

Customer Representative Signature: [signature] Name : Shubh Narayan Date: 21.9.23
Customer Cell in charge: [signature] Name : Vinod Saroj Date: 21.9.23

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871 / 1500

ANALYSIS REQUEST FORM

Date of Receipt: 5.2.24 Time: 2.30 pm

M/s B-Wise Natural Foods
101 R/1 R/2 Sainik Colony, Bhola ka Purwa, Sulem Sarai Allahabad
Reference (if any):
Ref No:
Purnima Husain
9555372678 Fax: E.mail:

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
wheat flour	Energy	4kg	one	dry	FSSAI lab	
	Carbohydrate				"	
	Protein				By calculation	
	fat				Soxhlet	
	Ash				IS 1155	3100
	Moisture				Hot air ov.	
	Crude fiber				IS 1155	
	Ash insoluble in dil HCl				IS 1155	500
	Dry Gluten				IS 1155	300
	Alcoholic Acidity				IS 1155	500
wheat flour (Mode 5704)	Ash in. Salt less including.	1kg		dry	IS 1155	500
						4900 =

(in words) four thousand Nine hundred only. Rs. 4900

Review of Test Request

Signature of Customer Cell In charge:
Statement of Conformity Required: YES ..... No.....
Decision Rule: Yes ☐ No ☑

PAYMENT

MODE OF TEST REPORT DELIVERY
Due Date : 19.2.24
Delivery Instructions (By post/By hand/ By mail) :

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

Name : Date: 5.2.24

Name : Date: 5.2.24

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ANALYSIS REQUEST FORM

375 1504

Date of Receipt: 7.3.24 Time: 12.45 pm

Dr. Harindar Singh (Chemical Engg. Deptt.) Reference (if any): ....
MNIT Alld Ref No: ....
[illegible] Singh
[illegible]3619311 Fax: .... E.mail: ....

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
[illegible] (A2-7[illegible])	Protein	20g	ok	open	[illegible]	700
" (A2-10kg)						
" (A2-5kg)						
" (A2 [illegible])						x 10
" (A1 15kg)	for All					
" (A1 [illegible])	samples					~~10~~ 7000
" (A1 15kg)						
" (A1 7kg)						
" (A1 5kg)						
" (A1 10kg)		"	"	"		
Starch (CO)	RVA	12g	ok	open		1000
" (C2 MW)						x 8
" (C3 MW)						8000
" (C1 HA)	for All					
" (C2 HA)					Total -	~~18000~~ 15
" (C3 HA)						3000
" (I)					[illegible]	~~14400~~
" (II)		"				12000
(in words) Fourteen thousand four hundred only						Rs. 14400

Review of Test Request

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

Signature of Customer Cell In charge: [signature]
Statement of Conformity Required: YES ...... No...... ✓
Decision Rule: Yes☐ No☐ ✓

[illegible] AND PAYMENT	MODE OF TEST REPORT DELIVERY
12000	Due Date: 15.3.24
Cash	Delivery Instructions (By post/By hand/ By mail) : ....
Nill	

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

[illegible] Signature: [signature] Name: .... Date: 7.3.24

[illegible] In charge: [signature] Name: [illegible] Date: 7.3.24