|  |  |  |
| --- | --- | --- |
| **To be filled by users** | | |
| **Instrument Facility (Name/Code):** |  | |
| **Data required:** |  | |
| **Name:** |  | |
| **Organization Name:** |  | |
| **Address:** |  | |
| **Email ID:** |  | |
| **Mobile No.:** |  | |
| **Category (Tick):** |  | BSIP in-house Project |
|  | Bonafide Indian Student |
|  | Government Organization |
|  | Private Organization |
|  | Foreign Organization |
| **Number of samples (number/in words):** |  |  |
| **Details about the samples (Type of sample, Please attach sample list along with the form):** |  | |
| **Sample location (Latitude & Longitude):** |  | |
| **Additional information, if any:** |  | |
| **Signature (with date):** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **For office use: (users don’t need to fill this section)** | | | |
| **Date (sample received):** |  | **Date of Analysis:** |  |
| **Sample received by (Name):** |  | | |
| **Performa invoice no. and amount:** |  | **Payment confirmation details:** |  |
| **Sample details:** |  | | |
| **Additional note if any:** |  | | |
| **Signature of concerned person:** |  |  |  |