



CLL CORPORATE OFFICE AND CENTRAL LABORATORY:

6/3 Manoramaganj, Indore - 452001 (MP)

Tel: +91-731-2493592/3, 2490592;

Fax: +91-731-2490593;

Email: info@choksilab.com

Test Service Request Form (Domestic Use only)

From (Client Name)					
Address:		Contact Person (Calibration Requestor)			
		Email ID			
		Direct Tel Number			
		Contact Person (Billing)			
Phone No:		Direct Tel Number			
Fax No.		Email ID			
E-Mail:		Date:		CLL Quotation Reference:	

Tick any one of the following:

- Following samples are being sent by courier / by our representative for calibration:
 - [] are being sent by courier
 - [] are being sent by our representative
- This form is being submitted for requesting a quotation

S/N	Sample Nature (with brand name & active ingredient)	Batch Number	Date of Manufacturing	Date of Expiry	Original Manufacturer's Name	Batch Size	Tests Requested	Specification	Method Requested
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Note: 1. If method are left blank, CLL will test using standard or in-house procedures as defined in its Quality System procedures based on ISO/IEC 17025.

2. If Specifications are left blank, CLL will state that the client has not requested any specifications.

Special Request (if any)	
Accessories (if any)	
Documents Enclosed (if any)	

Payment Details:					
Cheque /DD Enclosed:		Cheque / DD Date:		Cheque / DD S.No.	
Drawn On Bank:		Amount (INR):		Other Details:	

If you are sending sample along with this letter, please mention the following:			
Courier / Cargo Name		Docket / Airway Bill Number	
Date of Dispatch:		Local Contact of Courier / Cargo Company:	
Collection Details:			
<input type="checkbox"/>	The CoA (Certificate of Analysis) will be picked up by our representative		
<input type="checkbox"/>	Please send the CoA by courier (subject to payment clearance).		
<input type="checkbox"/>	Please send the CoA by email. Official email id is _____.		
<input type="checkbox"/>	Any preferred courier / cargo provider.		

Your deadline for receiving CoA: _____
NABL logo required on CoC: Yes / No

Name of the Customer Representative:	Signature of the Customer Representative

To be filled by CLL personnel on receipt of this form along-with equipment			
Were the samples received in good condition? Yes / No			
Checked By (EIN):		Received By (EIN):	
Signature:		Signature:	
Name:		Name:	
Designation:		Designation:	

BRANCH LABS:

CLL Panchkula:

Plot No. 362, Industrial Area Phase 2, Panchkula - 134133, Haryana (India)
Tel: (+91)-172-5048600/1; Fax: (+91)-172-5048602; Email: panchkula@choksilab.com

CLL Baroda:

829, GIDC Makarpura, Baroda - 390010 (GJ)
Tel: +91-265-2655955, 2657955, 2652955; Fax: +91-265-2631714; Email: baroda@choksilab.com

CLL Vapi:

II & III Floor, Gokul Complex, 101/8, GIDC Char Rasta, Behind GIDC Char Office, Vapi - 396195 (GJ)
Tel: +91-260-2433488, 2432731, 2434061; Fax: +91-260-2432728; Email: vapi@choksilab.com

Regional Offices & Sample Collection Centers:

Ahemadabad, Bangalore, Chennai, Cochin, Calcutta, Cochin, Delhi,
Goa, Gwalior, Hyderabad, Jaipur, Kolkatta, Kanpur, Mumbai, Nashik, Pune, Raipur, Rajkot, Roorkee, Surat
