**To**

**The Director, CSIR-CGCRI**

**196 Raja S. C. Mallick Road**

**Kolkata 700032**

Sub: **Requisition for Sample Analysis at CSIR-CGCRI**

Kind Attn : Testing and Characterization Cell

|  |  |
| --- | --- |
| **User details** | |
| Name |  |
| Organization |  |
| GSTIN |  |
| Category | Industry/R&D Lab/Academic Institution |
| Address |  |
| Email |  |
| Mobile number |  |
| **Sample details** | |
| Number of samples |  |
| Sample Identification Codes |  |
| Nature of samples |  |
| **Analysis details** | |
| Type of analysis (from the testing schedule) |  |
| Details of analysis required (mention standard if any) |  |
| ***Payment details furnished by Testing and Characterization Cell*** | |
| Amount |  |
| Bank transaction details/DD No & Date |  |
| Name of Bank& Branch |  |
| ERP No and date |  |

Date: Signature