

**INDIAN INSTITUTE OF INTEGRATIVE MEDICINE (CSIR) JAMMU
QUALITY CONTROL AND QUALITY ASSURANCE DIVISION**

ANALYTICAL SERVICE REQUISITION COMMERCIAL - FORM				
REGISTRATION NUMBER	DATE:-	TIME:-		
CUSTOMER DETAIL				
METHODS OF SUBMISSION: In person <input type="checkbox"/> By post <input type="checkbox"/> IIIM Lab <input type="checkbox"/>				
METHOD OF REPORT DELIVERY: Will collect <input type="checkbox"/> Sent by post <input type="checkbox"/>				
NAME & ADDRESS of the Customer:				
CONTACT PERSON.....PHONE/FAX NO.....				
Delivery Date of Report:			Department Code:	
<u>ANALYTICAL SERVICE ACTIVITY REQUESTED:</u>				
DETAILS OF SAMPLE				
Sr. No.	Sample Name/Identification No.	Sample Description/ Size	Method of analysis IS/AOAC/DOP/other	Std. Reference
Customer supplied material		Special instructions, if any Sample retention/disposal/return		
CHARGES AND PAYMENTS				
Testing Charges	Rs.	Mode of Payment: Cash <input type="checkbox"/> DD <input type="checkbox"/> CQ <input type="checkbox"/>		
Advance payment	Rs.	Cash Receipt No. Dated: DD No. Cheque No.		
Balance/Due	Rs.			
Sample retention Charges	Rs.	Analytical Service Center Budget Code R-07107		
Total	Rs.			
I/we hereby declare that the above sample(s) are submitted with the knowledge and the authority of my company, and on behalf of my company. I/We accept the terms and conditions listed overleaf.				
✓				
Signature of the Customer			Signature of MR/QM/TM/MR/QCQA IIIM, Jammu.	
Name:-----			Name:-----	
Date:-----			Date:-----	
In case of samples and letter received in person signature of customer may be applicable otherwise may not be applicable.				
Report received	<input type="checkbox"/>	Sample received	<input type="checkbox"/>	Data sheet etc. handed over
Number	<input type="checkbox"/>	Number	<input type="checkbox"/>	Number

Signature of receiver with date