### TESTING REQUISITION FORM

**REF No:** COE /22-23/  /  

<table>
<thead>
<tr>
<th>Name</th>
<th>:...........................................</th>
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<tbody>
<tr>
<td>Designation/Course</td>
<td>:...........................................</td>
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<tr>
<td>Organization / College Name</td>
<td>:...........................................</td>
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<tr>
<td>Address</td>
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<tr>
<td>Contact Number</td>
<td>:...........................................</td>
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<tr>
<td>Email Id</td>
<td>:...........................................</td>
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</tbody>
</table>

**Testing details**

1. Test Required: :...........................................
2. Type of sample: :...........................................
3. Sample Specifications: :..................................
4. Standards to be carried out: :..................................
5. Number of samples to be tested: : Industry / Research scholar / Students
7. Expected date of reporting: : Immediate / 3 days / one week

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**Customer signature**

**Sample Received by**

**Authorized Signature**

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*Customer signature*

* I have read and agreed all the terms and conditions described by PSGTECHS COE INDUTECH

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**FOR OFFICE USE**

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1. Number of samples or hour tested: Testing Date:
2. Rate/Sample or Hour: Testing Time:
3. Total: Rs.................
4. GST @ 18.00 %: Rs.................
5. Total (Including GST): Rs.................

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Received Rs ................................................................. Only.

Mode of payment: Cash / Cheque or DD / Bank Deposit / Net Transfer / Credit

(DD or cheque drawn in the name of “PSG INDUSTRIAL INSTITUTE”)

Cheque / DD Number: Date: Bank:.........................................................

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**QA**  Authorized Sign  Accountant  Joint Director’s

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**A/c Code:**  **Bill No:**  **Date:**  **Report Sent on:**