



**Packaging Clinic & Research Institute**  
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## CUSTOMER REQUEST FORM

### Subject: Testing of Packaging materials

<b>Date</b>	
<b>Name of the Company</b>	
<b>GSTIN</b>	
<b>Address</b>	
<b>Contact person-</b>	Name- Mobile- Email ID
<b>Sample Details</b>	
<b>Test to perform</b>	
<b>Test Standard</b>	
<b>Testing Charges (INR/USD)</b> <b>(Cash / Online)</b> <b>Online is preferred</b> Bank: State Bank of Hyderabad, Branch: Bellavista, Somajiguda, Hyderabad Current A/c : 62274058638 IFSC Code : SBIN0020063 GSTIN: 36AANFP3987A1ZZ	Total Amount (INR /USD) = IGST@18% = Gross Amount (INR/USD) = ➤ at time of submission of Sample ➤ Annual agreement ➤ Proforma Invoice/PO/Invoice Note: Payment assurance from the respective Company by email is essential which will help to initiate the test.
<b>Sampling done by</b>	The Company / PCRI/
Signature by the representative (with date & Initials)	Date:
<b>Sample Submitted</b>	By Courier / By personal
<b>Sample / test referred by</b>	
<b>PCRI Formalities</b>	PCRI Formalities
<b>Sample Received by</b>	Technical Officer-PCRI
<b>Testing charges received by</b>	
<b>Test Code by Laboratory</b>	
<b>Due date for test result</b>	

**Note: While submission of sample by post, the party must care the sample to reach in damage free condition, duly wrapped with plastic film to protect from rainwater, otherwise, such observations may reflect in test report.**

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