



Packaging Clinic & Research Institute
 114, 1st floor, Amrutha ville, Opposite-Yashoda Hospital,
 Rajbhavan, Road, Somajiguda, Hyderabad-500082, Telangana, India
 Email: pcri@packagingclinic.com

CUSTOMER REQUEST FORM
Subject: Testing of Packaging materials

Date	
Name of the Company	
<i>GSTIN</i>	
Address	
Contact person-	Name- Mobile- Email ID
Sample Details	
Test to perform	
Test Standard	
Testing Charges (INR/USD) (Cash / Online) Online is preferred Bank: State Bank of Hyderabad, Branch: Bellavista, Somjiguda, 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.
Sampling done by	The Company / PCRI/
Signature by the representative (with date & Initials)	Date:
Sample Submitted	By Courier / By personal
Sample / test referred by	
PCRI Formalities	PCRI Formalities
Sample Received by	Technical Officer-PCRI
Testing charges received by	
Test Code by Laboratory	
Due date for test result	

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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