

Sl.No.

Work Order Form

WO No.: SBCE/BRD/..... (for office use)

Billing Address

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.....

Address on Certificate (For Industries only)

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Address of applicant :

Mr./Ms/Dr.....

Course of Study / Designation.....

Institution / Organization:.....

City:.....State.....

PIN:..... Contact No:.....

email:.....

Supervisor's Name:.....

SEPARATE SAMPLES AND WORK SHEET IS NEEDED IF MULTIPLE ANALYSIS REQUIRED.

Please Tick the Analysis Technique Required

All Fields are mandatory

MICROBIOLOGY DIVISION			SPECTROSCOPY	
Total Microbial Load	Total Yeast Count	Anti-microbial Testing	UV-Visible Spectroscopy	Fluorescence Spectroscopy
Sample Code	Sample Description	Specific Requirements (Analysis Range, Atmosphere, Solvent etc.) Please specify all your requirements clearly. Analysis will be done as per your requirement only		Job No. (for SBCE use only)

PLEASE ACKNOWLEDGE SBCE Pattoor, IN YOUR PUBLICATIONS. FURNISH DETAILS OF PUBLICATIONS OVER EMAIL

Terms and Conditions

Supervisor's signature and stamp

- All possible care will be taken in handling the samples. We will not be responsible for any damage during transit or handling. If analysis cannot be carried out on any sample, the same will be returned to the customer.
- Potentially hazardous samples may not be accepted for analysis.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Customers are requested collect the samples in time.
- Any discrepancy in results has to be cleared in a week from date of dispatch of results
- I/We agree to the above terms and conditions.**

Signature: _____ Name _____ Designation _____
 Date _____

For office use only: Date of Analysis: Total Amount : Invoice No. Date of Payment