



**INDUSTRIAL TECHNOLOGY INSTITUTE
REQUEST FORM – ITI SERVICES**

Customer Details

Date of Request:

Name of person requesting services:

Address:

Name & Address required to be on report:

(If different from above)

Contact Details

Contact Person:

Phone:

Mobile:

Fax:

E-mail:

Name of person requesting services/submitted sample:

NIC No:

Signature:

Services Details

Type of Specimen:

Number of Specimens/Units submitting:/.....

Labeling if any to be mentioned on the Test Report:

Analysis Required:

Regular analysis

Urgent Basis (Additional charges will be applied)

Mode of Report Delivery

Pick - up

Registered Post

Courier

Purpose:

Regulatory/Legal/Regular QC/Other (If any other please specify)