

## ICAR-NATIONAL RESEARCH CENTRE ON PIG INDIAN COUNCIL OF AGRICULTURAL RESEARCH

RANI, GUWAHATI-781 131 ASSAM, INDIA





Date of receipt:		Refe	Reference number:	
(To be filled by ICAR-NRCP)				
JOB REQUEST FORM (QC LAB)				
Name & Address of Applicant:			Payment details:	
			Amount payable:	
Email ID:			Mobile No:	
Date of sample collection:			Date of sample dispatch:	
Job Description:  1. Name of test/facility to be availed:  2. Sample name/code:  3. Nature of the sample: Perishable/ Imperishable  4. Number of sample(s):  5. Source (sample collected from):  6. Solvent/Media (if used):  7. Results to be submitted to: (Complete mailing address)  8. Additional information, if any: (mention purpose of analysis)  Details of analytical parameters:				
S1. No.	Sample name/code	Test parameters/ instrument details		Specific method to be used, if any
☐ I agree to the terms and conditions of Q.C. Lab, ICAR-NRCP, and herby authorized the laboratory to analyze my sample in accordance with the procedure agreed upon. ☐ I agree to acknowledge the analytical services provided by Q.C. Lab, ICAR-NRCP in all publications/thesis/reports etc.				

**Signature of Applicant:** 

Date: