**HEMSHELL SERVICES – CT & T Centre**
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# CUSTOMER REQUEST FORM

| | | | |
|---|---|---|---|
| **Date of Request** | 31/10/2026 | **Request ID** | ENQ0038 |
| **Company Name** | AASHVI PROFICIENCY TESTING & ANALYTICAL SERVICES | | |
| **Address** | #1-19-66/68/1, Ground Floor, Brindavan Colony, Hyderabad 500062 ,Andhra Pradesh | | |
| **Contact No.** | 4027148649 / 4027148649 | **Fax No.** | NA |
| **Email** | info@aashvipt.com | **Contact Person** | Sailaja Sailaja |
| **Designation & Department** | QA | **Shipping Agency & Airway Bill No.** | |

## Scope Of Contract

| # | Sample Name | Batch No/ID | Test Method | Test Parameter | Specification (if any) | Date of Mfg | Date of Exp | Size/Unit | No. Of Samples | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Black Pepper - Whole | - | IS 1797: 2017 | Light Berries | - | -- | -- | % | 175 gm | NA |
| 2 | Black Pepper - Whole | - | IS 1797: 2017 | Broken Berries | - | -- | -- | % | 175 gm | NA |
| 3 | Black Pepper - Whole | - | IS 1797: 2017 | Pinheads | - | -- | -- | % | 175 gm | NA |

**NOTE:**
**• Samples of Fresh Perishable, Refrigerated or ready-to-eat food shall be transported in a thermocol box with dry ice at temp between 1°C – 4°C. • Prior intimation should be given for sending the samples back. Samples will be tested as per the test method/standard and conditions specified by the customer.**

**Customer Name:** AASHVI PROFICIENCY TESTING & ANALYTICAL SERVICES **Customer Signature:**

**NOTE : PLEASE USE ADDITIONAL NUMBERS / SHEETS IF REQUIRED.**

**For Laboratory Use**

**Received By:**

**Sign & Date:**