

### CUSTOMER REQUEST FORM

<b>Date of Request</b>	04/06/2026	<b>Request ID</b>	ENQ0003
<b>Company Name</b>	Valaji Pharma		
<b>Address</b>	Plot No.: 475, Post: Luna Vadodara 391440 ,Gujarat		
<b>Contact No.</b>	9602006719 / 9602006719	<b>Fax No.</b>	-
<b>Email</b>	qa@valajipharmachem.co.in	<b>Contact Person</b>	Ritesh Sevak
<b>Designation &amp; Department</b>	Quality Manager	<b>Shipping Agency &amp; Airway Bill No.</b>	

### Scope Of Contract

#	Sample Name	Batch No/ID	Test Method	Test Parameter	Specification (if any)	Size/Unit	No. Of Samples	Remarks
1	Chilli Powder	123	IS 1797: 2017	Moisture	6-11%	%	200g	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:** Valaji Pharma

**Customer Signature:**

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

**For Laboratory Use**

**Received By:**

**Sign & Date:**