

CUSTOMER REQUEST FORM

Date of Request	20/02/2026	Request ID	ENQ0008
Company Name	Madhav Agro Foods pvt Ltd		
Address			
Contact No.	NA	Fax No.	-
Email	shrutisc@mdvagr.com	Contact Person	Shruti chavan
Designation & Department	Supervisor	Shipping Agency & Airway Bill No.	

Scope Of Contract

#	Sample Name	Batch No/ID	Test Method	Test Parameter	Specification (if any)	Size/Unit	No. Of Samples	Remarks
1	overhead water tank No 3 after cleaning	3	ISO 4832:2006	coliform	-	CFU/Swab	10ml	-

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: Madhav Agro Foods pvt Ltd

Customer Signature:

NOTE : PLEASE USE ADDITIONAL NUMBERS / SHEETS IF REQUIRED.

For Laboratory Use

Received By:

Sign & Date: