



**ANALYTICAL SERVICE REGISTRATION FORM**  
**(SUBMIT IN DUPLICATE)**

Name : .....

Position / Designation : .....

Organization : .....

Category : KSCSTE Labs / Edu. Institutions / Govt. R&D Labs / Industry

Email : .....

Phone : .....

Postal Address : .....

.....

**Analysis Details**

Analysis : ( )

Analysis charge /sample : .....

No of Samples : .....

Amount Rs : Rs. ....+ .....(18 % Tax) = Total Rs.....

Mode of Payment : Online / DD / Payment at CAI-K, KFRI  
 [If online or DD payment, contact CAI-K before making payment]

For DD/Online payment Bank : .....

DD/Ref # : .....date.....

Date : .....

Place : .....

(Name & Signature)

Recommendation from Head of Department/Institution  
 (For Educational Institutions or Students samples)

(Signature with Office Seal)

**For Office Use Only:**

Ref No. \_\_\_\_\_

Verified

Scientist, In-charge, CAI-K

Amount Debited to CAI-K A/c.. Receipt No -----date-----

Accountant