

CUSTOMER REQUEST FORM

Date of Request	19/08/2026	Request ID	ENQ0018
Company Name	Valaji Pharma		
Address	Plot No.: 475, Post: Luna Vadodara 391440 ,Gujarat		
Contact No.	9602006719 / 9602006719	Fax No.	-
Email	qa@valajipharmachem.co.in	Contact Person	Ritesh Sevak
Designation & Department	Quality Manager	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	Samosa	123	IS 5403:1999	Yest & Mold	-	-	500gm	-

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: