


**Form No. CP-06
TESTING JOB ORDER**

	Sant Longowal Institute of Engineering and Technology, Longowal (Deemed-to-be University) Sangrur, PIN- 148106, Punjab, INDIA
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Name of the applicant: _____ Billing Address _____
 Address of the applicant: _____
 Phone No.: _____
 Email: _____

Affiliation (Please tick)

<input type="checkbox"/>	SLIET Longowal	<input type="checkbox"/>	Educational Institution/ Govt. R&D Labs	<input type="checkbox"/>	Industry
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Name of the test: _____
 Tools & equipment to be used: _____
 Name of Laboratory & Department at SLIET: _____
 No. of Samples
 Description of sample
 Mention if Toxic/ explosive/ radioactive

(Signature of Client/ indenter)

Recommendation of forwarding authority from the organization of the client (if any)

For official use

Recommendations of faculty Incharge of the laboratory to be used at SLIET:

Approval by HoD:

_____ Date(s) allotted for testing

Applicable fee: Payment receipt no. and date:

(Signature of faculty Incharge of the Laboratory) _____