



ALPHA OMEGA HI-TECH BIO RESEARCH CENTRE

REGISTRATION FORM

DATE: / /

NAME :

GENDER : **MALE** **FEMALE**

CATEGORY : **COLLEGE** **UNIVERSITY**

STAFF

STUDENT

INSTITUTION :

PERSONAL ADDRESS :

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..... Pin :

MOBILE NUMBER :

Email ID :

TYPE OF WORK :

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NOTE
(OFFICE USE ONLY) :

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MANAGING DIRECTOR

Terms and Conditions

1. Myself _____ from _____
is submitting the sample.
2. I am enclosing the _____ sample for carrying out the following tests.
3. I fully trust you, believe and accept that the result given by you are from the tests carried out for my sample.
4. I assure that the results are only for my study purpose.
5. The sample is given for test in your centre based on the acceptance given by my guide.
6. Any doubts in the result given should be clarified with the management only.
7. I accept the rate quoted for the different tests and agree to pay the amount specified.
8. I am fully aware that the results vary depending on the method of preparation of powder from sample and on the period of days left after preparation of sample.
9. I am aware that results given by you may be delayed than the data assured due to power failure, availability of chemicals, absence of staff etc.,
10. I accept the above terms and conditions and submit the sample for the tests on _____.

CANDIDTE SIGNATURE