

# ECOCARE INFRASTRUCTURE PVT. LTD.

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## SAMPLE SUBMISSION FORM

( ALL DETAILS SHOULD BE IN CAPITAL LETTERS )

Name of industry	:						
Correspondent Address	:						
	:						
	:						
Town	:		State		Code		
Contact Person Details	:						
Name:	:						
Designation	:						
Tel No.	:				Fax No.		
E-mail ID	:				Web site:		
Type of Waste( Tick)	:	ETP sludge		Process Residues			
	:	Liquid Waste		If any other			
Nature of Waste ( Tick)	:	Solid	Semi solid	Liquid	Slurry		
Specify if any toxic chemical/metal in sample	:						
Safety Precaution required if any	:						
Sample Weight	:						
Mode of Collection	:	By courier / Hand Delivery					

### Note:

1. Sample submission form to be fill up for each sample.
2. Sample fees will be different for each sample.

### For office use only

Sample Received Date:		Sample order No:	
Sample Received by :		Date of sample submission to lab.	