To,

M/S, Eskaps (India) Pvt. Ltd.

22D, Chowringhee Mansion, 2nd Floor,
30, Jawaharlal Nehru Road, Kolkata
West Bengal – 700016

Kind Attn: .....

Dear Sir,

We are submitting sample for testing as per below mentioned details. Please accept the same and do needful.

Client Name	
Sample Submitted By	
Full Address	
Contact No	
E-Mail	
GST No.	
Report Delivery Mode	
Sample received Date	
------Sample Details------	
Nature of Sample	
Quantity of Sample	
No. of Sample submitted	
Sample Mark-	
Analysis Required-	

Thanking you.

Customer Signature & Stamp

N.B.-