

TEST REPORT

Name of Applicant/Licensee: M/s

CM/A - or CM/L -
Valid upto

Address of Applicant/Licensee

IS

Product

Grade/Type/Variety/Class

Declared values, if any

Batch/Lot No.

Sr. No.

Date of Manufacturing

Any other information

Date of start of testing

Date of completion of testing

Sr. No.	Tests	Clause	IS Reference	Specified Requirement	Observed Value(s)	Remarks

Note: Attach extra sheet, if required

The above mentioned sample manufactured and tested at our premises is conforming/non-conforming to the requirement(s) of IS

Seal of Firm

Signature
Name
Designation
Date