

From :	To : Arbro Pharmaceuticals Ltd. (Analytical Division) 4/9, Kirti Nagar Indl. Area, New Delhi-15 Ph : 011-45754575 E-mail : arbrolab@arbropharma.com
Kind Attn :	
	Date : _____ Ref No. : _____
Product's Name :	
Batch No.	Batch size
Date of Mfg.	Date of Exp.
Mfg. by	Mfg. Lic No. :
Supplied by	Sample Qty
Test Required	Claim / Limit
1	
2	
3	
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Thanking you,	
_____	_____
Signature	Received by
Name	Name