

LANDMARK MATERIAL TESTING AND RESEARCH LABORATORY

PT DIVISION

CONSENT TO PARTICIPATE IN PT SCHEME

---Fill the details as per following (Handwritten or typed)---

Submission of scanned image of this form through Email is acceptable.

| S N | PT ROUND ID (such as LRL/PT/SOIL/A01/20) | | | | | | | | | | Parameters | | | | |
|--------|--|---|---|---|---|--|--|--|--|--|------------|--|--|--|--|
| 1 | L | R | L | P | T | | | | | | | | | | |
| 2 | L | R | L | P | T | | | | | | | | | | |
| 3 | L | R | L | P | T | | | | | | | | | | |
| 4 | L | R | L | P | T | | | | | | | | | | |
| 5 | L | R | L | P | T | | | | | | | | | | |

Name of the Laboratory

Name of the contact person (Mr./Mrs./Ms.).....

Designation.....

Address:.....

.....

District.....State.....PIN.....

Telephone.....Mobile

(Please mention the numbers of the persons who will directly be involved in PT activities)

E-mail.....

(In Block Letters only eg. EXAMPLE@XYZMAIL.COM, Please mention the ID which is regularly checked by some responsible person)

Preferred Courier Agency

(Please mention the names of more than one courier agencies those have good service network at your door step)

Please tick the following check boxes in acceptance of the statement written ahead:

We express our consent to participate in the PT round, ID & parameters of which are mentioned above.

We have read and understood the protocol and convinced with the test parameters and respective test methods.

For any enquiry please call +91-9829056760

EMAIL SCANNED IMAGE OF DULY FILLED COPY OF THIS FORM TO: LRLPTJPR@gmail.com

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