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| **Gamma Irradiation Facility**  **Agrosurg Irradiators (India) Pvt. Ltd.**  Facility : S. No. 86 & 96, N. H. 8, Near Kaman Bridge, Vill. Juchandra, Tal. Vasai, Dist. Palghar - 401 208.  Tel.: + 91- 8459414148 / 7030223394 CIN: U51900 MH2000 PTC 126039  E-mail : agrosurg@gmail.com Website : [www.agrosurg.com](http://www.agrosurg.com)  Order registration (to be filled in by the Customer)  Customer Registration No……………………… Date :………………..  To, From:  The Facility In Charge Organization : ……………………………….  Gamma Irradiation Facility, Address : ……………………………….  Agrosurg Irradiators (India) Pvt. Ltd. ……………………………….  S.No. 86 & 96, N.H. 8, ……………………………….  Near Kaman Bridge, Vill. Juchandra, ……………………………….  Tal. Vasai, Dist. Palghar - 401 208.  Dear Sir,  Please process the following Products with gamma radiation to ……….kGy. Details of Products are furnished below :  Purpose :- Microbial Decontamination  A.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sr.No. | Product Description | Total Gross Weight | Total Net  Weight | Quantity | No. of Units  (Boxes / Bags) | Batch/Lot No. | | 1. |  |  |  |  |  |  | | 2. |  |  |  |  |  |  | | 3. |  |  |  |  |  |  | | 4. |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |   B. Packaging material :…………………………………………………………………….  C. (i) Unit Size in mm :………………………..(LxWxH) & Gross Weight…………… kg.  (ii) Unit Size in mm :………………………..(LxWxH) & Gross Weight…………… kg.  (iii) Unit Size in mm :………………………..(LxWxH) & Gross Weight…………… kg.  D. Do the above product fall under any loan license…………….. Yes/No  If Yes. License No. & its validity : …………….......  E. Any other information :…………………………………………………………………  F. GSTIN : 27AACCA6603N1ZK GS Tax as applicable.  We have read the terms and conditions governing the gamma irradiation facility for the above products covered by this order overleaf and we agree to be bound by the same.  Signature :……………………… Designation :……………………………..  Name :………………………….. Telephone No. :……………………………..    Organization Seal  For Agrosurg Irradiators (India) Pvt. Ltd.  Remarks if any\_\_\_\_\_\_\_\_\_\_\_\_  Verified By : \_\_\_\_\_\_\_\_\_\_\_\_  P.T.O |



