

SHRI G.S. INSTITUTE OF TECHNOLOGY AND SCIENCE, INDORE  
23, Park Road, INDORE-452003, (M.P.)

**INSTALLATION AND TEST REPORT**

Name of Firm (Supplier) -----

Order/Indent No. ----- Dated -----

Bill/Invoice No. ----- Dated -----

Total Amount Rs. -----

Date of passing Bill/Invoice -----

The following equipment(s) has/have been checked and found as per specifications mentioned in our above referred order.

The equipment(s) has/have been installed and tested in the laboratory and performance has/have been found satisfactory:

S. No.	Name of item/Description	Sr. Number of item

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Tested by:  
(Name and Designation)

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Laboratory Incharge  
(Name and Designation)

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Head of Department  
(Name )