

# LANDMARK MATERIAL TESTING AND RESEARCH LABORATORY

## LANDMARK PT

### 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.

#### Section 1 PT round details

S N	PT ROUND ID like LPTM SOIL A01 24, (Refer 5 <sup>th</sup> Column of PT calendar)										Parameters (in which you want to participate)	Accreditation status (Yes/No)
1	L	P	T									
2	L	P	T									
3	L	P	T									
4	L	P	T									
5*	L	P	T									

\*add more rows for more rounds

#### Section 2: Laboratory Details

(Below mentioned details will be used in communication by our office & courier agencies and the same credentials will be printed on your PT report)

Name of the Laboratory .....

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

Address.....

.....

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

Telephone.....Mobile .....

(Please mention the numbers of the persons who will directly be involved in PT activities, our office and courier delivery persons will call on this number)

E-mail.....

(In Block Letters only eg. [EXAMPLE@XYZMAIL.COM](mailto:EXAMPLE@XYZMAIL.COM), Please mention the ID which is regularly checked by some responsible person, communication will be done and accepted with this ID only)

Preferred Courier Agency .....

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

Accreditation Certificate number (If any)..... Valid till .....Issued by.....

GST Number: 

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**Section 3: Acceptance and Consent**

Terms & conditions:

1. I/We express our consent to participate in the PT round, ID & parameters of which are mentioned above.
2. I/We have read and understood the protocol and convinced with the test parameters and respective test methods.
3. All essential apparatus, chemicals, equipment and other requirements as specified in the test method will be made available during the test.
4. It is understood and accepted that PT participation may be revoked on non-compliance with test method and/or time schedule as instructed by PTP.
5. Consent is accorded to forward z-score to NABL by PTP as & when required without informing to participant.
6. We undertake to remain truthful and not to involve in any collusion or falsification for knowing the results through unfair means.

**By signing below, I/We express our acceptance to above terms & conditions.**

Comment if any:

Stamp of Lab

Name & Signature .....

....

(Authorized Signatory)

**Section 4 Payment Details**

**Participation fee detail: (Please deposit the fees for running PT rounds or ask us for Performa Invoice)**

Fees*	Discount	Net Amount	GST @18%	Total Amount

Avail any one discount from following or contact PT coordinator for more details on discount policy:

1. Avail opportunity discount @ 5% if applying first time for LRLPT.

**OR**

2. To avail privilege discount @10%, please mention any previous PT round ID in which you have participated .....

**OR**

3. To avail group discount @15%, please participate in minimum three or more PT rounds of this PT calendar. **(For Bulk discount contact undersigned)**

Payment Detail:Cheque/NEFT UTR No:.....Dated.....

Drawee bank.....

**For any enquiry please call NIRBHAY MATHUR (PT Coordinator) on +91-9829056760  
or write to us at [LRLPTJPR@gmail.com](mailto:LRLPTJPR@gmail.com)**

**EMAIL SCANNED IMAGE OF DULY FILLED COPY OF THIS FORM TO: [LRLPTJPR@gmail.com](mailto:LRLPTJPR@gmail.com)**

(Postal Address for correspondence: G-1/200, RIICO INDUSTRIAL AREA, MANSAROVER, JAIPUR-302020)

Bank Account Details for fees payment:  
 Account Name: **Landmark Material Testing And Research Laboratory Pvt.Ltd.**  
 Bank: **HDFC BANK Ltd.,**  
 Bank Address: **ICG Campus, Gurukul Marg, SFS, Mansarovar, Jaipur- 302020,**  
 Account No. **50200027909480, IFSC: HDFC0000987, Swift code : HDFCINBBXXX**  
 PAN : **AABCL9797K, GSTIN - 08AABCL9797K1ZN, SAC-998349**