

**PT DIVISION**

**LANDMARK MATERIAL TESTING AND RESEARCH LABORATORY**

**CONSENT TO PARTICIPATE IN PT SCHEME**

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

Submit separate form for each round of PT participation.

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

PT Round ID: 

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Product : \_\_\_\_\_

Name of the Laboratory .....

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

.....Designation.....

Address:.....

.....

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

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

E-mail.....

(In Block Letters only eg. [EXAMPLE@XYZMAIL.COM](mailto:EXAMPLE@XYZMAIL.COM))

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:

- I/We express our consent to participate in the PT round, ID of which is mentioned above.
- I/We have read and understood the protocol and convinced with the test parameters and respective test methods.
- All essential apparatus, chemicals, equipments and other requirements as specified in the test method shall be made available during the test.
- I/We understand that my/our participation may be revoked on non compliance with test method and/or time schedule as instructed by PTP.

