INSTALLATION REPORT



The Centre of Diagnostics

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Customer N	lame: Spand	hadeed Trieen	18085 Pathla	Hnstrument	F. E.	D Party	700	
Address:	Model: Millo (E)-20							
000.0	Serial No: 1/0/19/9/00/14							
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Phone No: 99950 29890				Invoice No. & Date: N/) 1 1 1077 19.				
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Distributor N								
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Phone No:	Fax No.	Mobile No.	Invoice	No:	Date:			
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Details of Ac	cessories:					79.		
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Remarks, If a	any :							
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Company E	ngineer	On behalf of	On behalf of Distributors		On behalf of Customer			
Name:	any Bhax		Name					
Marie ())au	(304) BYICK	Wa Name:		Nam	e: \			
		-				4		
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	Chill.	•						
Authorized Si	gnatory	Authorized Si	Authorized Signatory		Authorized Signatory			
		stration Card and Warranty C and if the warranty registration	Certificate are dully fille	d in with the name	2541		del,	
	R Analyzer the stylus pr	inter (if supplied) is not cover	red under warranty					

Send to customer - original, 2nd copy - Service Incharge, 3rd copy - H.O.

B-36, 3rd Floor, Aianta Commercial Centre, Income-Tay Char Rasta, Ashron Bood, Ahmadahad 200044, O. J. Barta