



འཇུག་ལྷན་ཁང་དང་རང་བཞིན་ཐོན་སྐྱེད་ལྷན་ཁག།
 ས་རིག་དང་ས་གཏེར་ལས་ཁུངས།
 Ministry of Energy and Natural Resources
 Department of Geology & Mines
 Chemical Laboratory



Customer Request Form

Version: 1

CL/F/7.1/01

Ref. No.

1. Sample Information	
Sample Type:	
Number of Samples:	
Sample ID:	
Test Parameters:	
Date of Sampling:	
Location Details & Geocoordinates (<i>Use next page if required</i>)	<p>_____ Place</p> <p>_____ Gewog _____ Dzongkhag</p> <p>_____ decimal degrees</p>
Sample Submission Date:	
Customer(tick):	<input type="checkbox"/> DGM, MoENR <input type="checkbox"/> Private
2. Customer Details	
Name, CID no. & Signature:	
Address:	
Contact No.:	
Email ID:	