



NIB Office use only	
Date received:	
Order No.:	
Processed by:	

HIV

ORDER FORM: PERFORMANCE PANEL: HBsAg

HCV

(To be filled by the Customer)

Name of the Organisation:	Contact Person:
Correspondence Address:	TIN No.:
e- mail:	Telephone: (with STD/ISD code)
Fax: (with STD/ISD code)	

Product Name	Panel Code	Quantity required

Date: _____ Authorized Signatory: _____

Note: Only written communication in English OR Hindi will be considered for accepting the order.

Send your order via:		
E- Mail: info@nib.gov.in srrd@nib.gov.in	Fax: 0091-120-2403014, 2400074 2400017 2400018	Mail: National Institute of Biologicals, Ministry of Health & Family Welfare (Govt. of India) A-32, Sector 62, NOIDA, (UP) – 201309, INDIA