Government of India Department of Atomic Energy Board Of Radiation & Isotope Technology Gamma Radiation Processing Services ISOMED **Customer Information Form**

Customer Registration number issued by ISOMED	
Customer Name	
Customer Address (as it should appear in the invoices and certificates)	
City State PIN Code	
Phone Numbers (with STD codes and extension number if applicable)	
Office Mobile	
Fax Number email	
Contact Person (to be contacted for queries/enquiries/instructions/communic	ations)
Name Designation	
Mumbai Office address (if any, for local correspondence/communications)	
Mumbai Phone Contact Person	
List of Products to be Irradiated at ISOMED (Non-FDA Products only)*	
List of Products to be irradiated at ISOMED requiring FDA approval *	
Loan Licence No. Issue Date Valid upto	
Remarks(if any)	
Date: Stamp Name	

- If having more than one loan licence, please fill separate forms for each.
- Hand written forms would not be accepted. Use Acrobat reader to fill the form (Do not try to save the filled form, take a print out before closing).
- Sign the form, put your name, date and the office seal/stamp. Form complete in all respect can then be mailed to :

General Manager, ISOMED, South Site, BARC, Trombay, Mumbai - 400 085.