

Completed by Receiving Officer

Member ID:

Collection center ID:

How many of your fields did Babban Gona thresh?

All ☐

Did Babban Gona transport this product being received?

Shipment Type?

Stand

Transporter ID: _____

Receiving Officer

Name: _____

Signature: _____

Member ☐ Representative ☒

Rep's Name:

Signature/Thumbprint:

Completed by Quality Officer

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Please label each test results e.g write %T beside the cleanliness figure, %D for moisture, #B for mold count

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Completed by Scaling Officer

Total KG					
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11

Product: _____

Variety: _____

Scaling Officer

Name: _____

Signature: _____

Member ☐

Representativ

Rep's Name: _____

Signature/Thumbprint: _____

If you have any issues or you need clarification, please call customer care or

