

SYSTEM AUTOMATION GROUP

KIT ORDER FORM

Date: _____

Name of the Company/ Institution: _____

Name of the Person & Designation: _____

Address: _____

Phone No.: _____

Email ID: _____

Indicate below kit options (OPTION 1 is the standard configuration)

➤ BLOCK(A) OPTION 1

 OPTION 2

 OPTION 3

➤ BLOCK(B) OPTION 1

 OPTION 2

 OPTION 3

➤ BLOCK(C) OPTION 1

 OPTION 2

 OPTION 3

 OPTION 4

(Signature of the customer)