



KEVA INDUSTRIES

An ISO 9001-2008 Certified Company

Banglore ♦ New Delhi ♦ Ludhiana

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PASSPORT
SIZE PHOTO

TESTIMONIAL FORM

Distributor No. _____ Name _____

Address _____ Town _____ City _____

District _____ Pin _____ State _____

Gender : _____ Age _____ Mobile No. _____

Date of Consumption : _____ Product Name _____

Initial Dose taken _____

History of Illness _____

Developments Noted From _____ To _____
(Kindly specify the dosage also)

Present Condition and Dosage _____

Comments (If any) _____

Member Signature : _____ Date _____

Note : Kindly enclose the photographs also (if available) in support of the testimonial, taken before and after consuming our product or any Medical Test Report.