



National Physical Laboratory Centre for Calibration & Testing

For Office Use Only

Case No.						Sub-division					
Customer category:											
G	P	CP	SP	FC	FA	O					

Calibration / Testing Request (CTR) Form

(1) Name of the organization/firm with full address: _____

City: _____ PIN: _____ Contact Person: _____ Mobile: _____

STD: _____ Phone: _____ Fax: _____ Email: _____

(2) Name and address of the organization/firm in favor of which the Certificate/Report is to be issued (required if it is different from the above; else write "same as above"): _____

City: _____ PIN: _____

(3) Certificate/Report to be sent at: address No.1 or address No. 2 please tick any one.

(4) Would you like to have Certificate/Report in: Hindi or English please tick any one.

(5) Customer Identity No.(if known): _____ (6) NPL's Quotation No.: _____ Date: DD/MM/YY

(7) Customer's Letter reference No. (previous or current, if any): _____ Date: DD/MM/YY

(8) Instrument (s)/Samples(s)/Reference Material:

Sr. No.	Name of Instrument / Sample / Reference Material	Make / Model / Batch / Sr. No. or any identification	Qty.	Calibration/Testing requirements/specifications	Remarks, if any

(9) Calibration /Testing to be done under: Normal service or Express service please tick any one.

(10) Details about Demand Draft: Name of the Bank: _____ Branch: _____

Draft No.: _____ Date: DD/MM/YY Amount: Rs. _____ TDS (if any): _____

(11) Amount Rs. : _____ (if any) carry forwarded from Case No.: _____ Total (10+11)Rs.: _____

(12) Time slot, if allotted: DD/MM/YY to DD/MM/YY (13) NPL's letter No. for time slot : _____ Date: DD/MM/YY

(14) Mode of collection of certificate/report: By hand or By Post please tick any one.

(15) Name of the Depositor: _____ Signature of the Depositor: _____ Date: DD/MM/YY

For office use only:

Case No.: _____ Customer ID No.: _____ Sub-division Name _____	<p>Authorized Signatory</p> <p>Name: _____</p> <p>Date: DD/MM/YY</p>
Sub-division No.: _____ Sub-division Leader: _____ Room No: _____	
Calibration/Test Charges: Rs. _____ Site Charges: Rs. _____ Other charges: Rs. _____	
Sub-Total: Rs. _____ Service Tax: Rs. _____ Total charges: Rs. _____	
TDS, if any: Rs. _____ Total Charges: Rs. _____ Balance/Surplus: Rs. _____	
Amount Rs. _____ transferred to Case No.: _____ EDC: DD/MM/YY	