



**CSIR-National Physical Laboratory**  
**New Delhi - 110012**  
**Centre for Calibration & Testing (CFCT)**



For Office Use Only

Case No.					Sub-division No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer category:							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Calibration / Testing Request (CTR) Form

- (1) Customer Identity Number (CustID), if known:
- (2) Name of the organization/firm with full address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ PIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 STD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- (3) 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: \_\_\_\_\_
- (4) Certificate/Report to be sent at: address No.1  or address No. 2  please tick any one.
- (5) Would you like to have Certificate/Report in: Hindi  or English  please tick any one.
- (6) NPL's Quotation No.: \_\_\_\_\_ Dated: DD/MM/YY
- (7) 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 |
|--------|--|--|------|---|-----------------|
|        |  |  |      |   |                 |
|        |  |  |      |   |                 |
|        |  |  |      |   |                 |
- (8) Calibration /Testing to be done under: Normal service  or Express service  please tick any one.
- (9) Details about Demand Draft: Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Draft No.: \_\_\_\_\_ Date: DD/MM/YY Amount: Rs. \_\_\_\_\_ TDS (if any): \_\_\_\_\_
- (10) Amount Rs. : \_\_\_\_\_ (if any) carry forwarded from Case No.: \_\_\_\_\_ Total (9+10)Rs.: \_\_\_\_\_
- (11) Mode of collection of certificate/report: By hand  or By Post  please tick any one.
- (12) Name of the Depositor: \_\_\_\_\_ Signature of the Depositor: \_\_\_\_\_ Date: DD/MM/YY

**For office use only:**

Case No.: _____ Sub-division Name _____	Signature (Authorized Signatory)  Name: _____  Date: DD/MM/YY
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 Payable: Rs. _____ Balance/Surplus: Rs. _____	
Amount Rs. _____ transferred to Case No.: _____ EDC: DD/MM/YY	