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

For Customer: Please fill the GST Details

(i) GST Available **Yes** ☐ **No** ☐

(ii) **GST No:** (please ✓ any one)

For Office Use Only

Case No. Sub-Div. No.

Customer category:

G	P	CP	SP	FC	FA	O

Calibration / Testing / BND Request (CTBR) Form

(1) Customer Identity Number (CustID), if known: ☐☐☐☐

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

_____ City: _____

State: _____ Country: _____ PIN: _____ Contact Person: _____

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

(3) Name and address of the organization/firm in favour of which the Calibration Certificate/Test Report is to be issued (required if it is different from the above; else write "same as above", **Not applicable for BND**): _____

_____

_____ City: _____ State: _____ Country: _____ PIN: _____

(4) Calibration Certificate/Test Report to be sent at: Address No.1 ☐ or Address No. 2 ☐ (please ✓ any one)

(5) Would you like to have Certificate/Report in: Hindi ☐ or English ☐ (please ✓ any one)

(6) NPL's Quotation No.: _____ Dated: DD/MM/YYYY

(7) Instrument(s)/Samples(s)/Reference Material/BND:

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

Note CSIR-NPL will provide recommendation date of next calibration in calibration certificate.

(8) Calibration /Testing to be done under: Normal service ☐ or Express service ☐ (please ✓ any one)

(9) Details about Demand Draft/NEFT/RTGS: Name of the Bank: _____ Branch: _____

Draft/NEFT/RTGS No.:_____Date: 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/BND: By hand ☐ or By Post ☐ (please ✓ any one)

(12) Name of the Depositor: _____ Signature of the Depositor: _____ Date: DD/MM/YYYY

For office use only:

Case No.: _____ Sub-Div. Name_____

Sub-Div. No.: _____ Head, Sub-Div.: _____ Room No: _____

Calibration/Test/BND charges: Rs._____ Site charges: Rs._____ Other charges: Rs. _____

Sub-total: Rs._____ GST : Rs. _____ Total charges: Rs._____

TDS, if any: Rs. _____ Total Payable: Rs. _____ Balance/Surplus: Rs. _____

Amount Rs._____ Transferred to Case No.:_____ **EDC:** DD/MM/YYYY

Signature

(Authorized Signatory)

Name: _____

Date: DD/MM/YYYY