

Service Request

(To be filled by Agency seeking FCRI Service)

For FCRI Use

SRF No:

1. Contact Details

Name:

Mobile No:

Email:

Designation:

Department:

Organisation Name:

Address:

State:

Pincode:

GSTIN:

*(Please mention correct GSTIN. FCRI will not be responsible for any consequences caused by furnishing of Incorrect GSTIN)***2. Previous communication Details :**

2.1 FCRI Quotation no./ Ref no: & date :

2.2 Our Purchase/Service order no. & date:

3. Lab: AFL CWM NVL ETL HPATF LWFL OFL PSL SAAP WFL DAS/MPFL Not Sure

AFL - Air Flow Lab | CWM - Center for water management | NVL - Noise & Vibration Lab | ETL – ElectroTechnical Lab

HAPTF – High Pressure Air test Facility | LWFL – Large water Flow lab | OFL - Oil Flow Lab | PSL - Physical Standards Lab

SAAP - Special Assignments & Projects | WFL - Water Flow Lab | DAS/MPFL - Data Acquisition System/Multiphase Flow lab

3.1 Type of Service : Calibration Testing Others 3.2 Medium : Air Water Oil Others

3.3 Details of Equipment

Sl. No.	Equipment (With Serial No. / Identification No.)	Range (along with units)	Size	Quantity	Standard as per which Testing / Calibration is to be conducted	Description / Type of Test / Calibration	Review by HOD* (FCRI Use)
1							
2							
3							

Attach Separate sheet if more than 3 instruments

* Capability and Resources, availability of procedures capable of meeting customer's requirement

4. Advance Payment Details : NEFT / RTGS as per following details Details shall be communicated before commencement of testing/ calibration, by email

Date of Payment	Amount	UTR / Transaction details	IT TDS Amount deducted*	IT TDS % deducted*	TAN

* Form 16A will be submitted within 45 days from end of quarter in which deduction was made.

~ In case you are authorized to make deduction of GST at source under section 51 of CGST Act

**FLUID CONTROL RESEARCH INSTITUTE**

UNDER MINISTRY OF HEAVY INDUSTRIES, GOVT OF INDIA

KANJIKODE WEST, PALAKKAD - 678623, KERALA, INDIA

GSTIN: 32AAAAF0138K1Z6

Email - customercare@fcriindia.com Phone: 91-491-2569010/2566120/2566206 Fax : 2566326www.fcriindia.com/service-request

5. **Next Calibration Due date Required in report/certificate:** Yes No

6. **Witnessing of test/calibration required:** Yes No

7. **Billing Address :** Same as in page 1 As mentioned below

GSTIN

State:

Pincode:

8. **Address in certificate/ report :** Same as in page 1 As mentioned below

State:

Pincode:

Note: If the calibration/testing certificate is in the name of any other company, you have to submit a request letter in the letter head of the organisation whose name has to be incorporated in the report.

9. **Equipment return Mode:** We will arrange FCRI to send back on "To pay" basis

10. **Equipment return address :** Same as in page 1 As mentioned below

GSTIN

State:

Pincode:

11. **Certificate Dispatch Address :** Same as in page 1 As mentioned below

State:

Pincode:

12. Whether statement of conformity to be given in the report Yes No

If yes, a) Acceptance criteria:

As per standard

Specify:

b) Decision rule:

Simple Acceptance

with Guard band

13. Any other information

I have read and understood the FCRI terms and conditions for calibration/testing service available at www.fcricindia.com/service-request/ and agree to the same.

Date :

Name / Signature