

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 EQL ETL HPATF LWFL OFL PSL SAAP WFL DAS/MPFL Not Sure

AFL - Air Flow Lab | CWM - Center for water management | EQL - Environmental Qualification 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

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 : 2566326

www.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 Decision rule to be applied :(If yes please specify) Yes No

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