

# 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 Not Sure

AFL - Air Flow Lab | CWM - Center for water management | EQL - Environmental Qualification lab | ETL – ElectroTechnical Lab  
HPATF – 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

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	GST TDS Amount deducted~

\* 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 & PUBLIC ENTERPRISES, GOVT OF INDIA  
KANJIKODE WEST, PALAKKAD - 678623, KERALA, INDIA

GSTIN: 32AAAAF0138K1Z6

Email - [customercare@fcriindia.com](mailto:customercare@fcriindia.com) Phone: 91-491-2569010/2566120/2566206 Fax : 2566326

[www.fcriindia.com/service-request](http://www.fcriindia.com/service-request)

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

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

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

GSTIN

State:

Pincode:

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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.*

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

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

GSTIN

State:

Pincode:

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

State:

Pincode:

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12. **Any other Information / Instruction :**

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I have read and understood the FCRI terms and conditions for calibration/testing service available at [www.fcridia.com/service-request/](http://www.fcridia.com/service-request/) and agree to the same.

Date :

Signature