



CLL CORPORATE OFFICE AND CENTRAL LABORATORY:
 6/3 Manoramaganj, Indore - 452001 (MP)
 Tel: +91-731-2493592/3, 2490592;
 Fax: +91-731-2490593;
 Email: info@choksilab.com

Calibration Service Request Form

From (Client Name)					
Address:		Contact Person (Calibration Requestor)			
		Email ID			
		Direct Tel Number			
		Contact Person (Billing)			
Phone No:		Direct Tel Number			
Fax No.		Email ID			
E-Mail:		Date:		CLL Quotation Reference:	

Tick any one of the following:

- Following equipment are being sent by courier / by our representative for calibration:
 [] are being sent by courier
 [] are being sent by our representative
- This form is being sent for requesting an on-site calibration
- This form is being submitted for requesting a quotation

S/N	Equipment Name	Equipment ID	Calibration Range	Calibration Frequency	Set Points	Least Count	Declared Accuracy / Acceptance Criteria
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: If set points are left blank, CLL will calibrate on set-points defined in its Quality System procedures based on ISO/IEC 17025.

Special Request (if any)	
Accessories (if any)	
Documents Enclosed (if any)	

Payment Details:					
Cheque /DD Enclosed:		Cheque / DD Date:		Cheque / DD S.No.	
Drawn On Bank:		Amount (INR):		Other Details:	

If you are sending instrument along with this letter, please mentions the following:			
Courier / Cargo Name		Docket / Airway Bill Number	
Date of Dispatch:		Local Contact of Courier / Cargo Company:	
Collection Details:			
<input type="checkbox"/>	The equipment will be picked up by our representative		
<input type="checkbox"/>	Please send the equipment by courier. No insurance required.		
<input type="checkbox"/>	Please send the equipment by insured courier		
<input type="checkbox"/>	Any preferred courier / cargo provider.		

In case of On-site visit, please write your expected date of site calibration required: _____
Your deadline for receiving calibration certificates & Instruments: _____
Traceability Certificate required: Yes / No
NABL logo required on CoC: Yes / No

Name of the Customer Representative:	Signature of the Customer Representative

To be filled by CLL personnel on receipt of this form along-with equipment			
Were Equipment received in working condition? Yes / No			
Checked By (EIN):		Received By (EIN):	
Signature:		Signature:	
Name:		Name:	
Designation:		Designation:	

BRANCH LABS:

CLL Panchkula:

Plot No. 362, Industrial Area Phase 2, Panchkula - 134133, Haryana (India)
Tel: (+91)-172-5048600/1; Fax: (+91)-172-5048602; Email: panchkula@choksilab.com

CLL Baroda:

829, GIDC Makarpura, Baroda - 390010 (GJ)
Tel: +91-265-2655955, 2657955, 2652955; Fax: +91-265-2631714; Email: baroda@choksilab.com

CLL Vapi:

II & III Floor, Gokul Complex, 101/8, GIDC Char Rasta, Behind GIDC Char Office, Vapi - 396195 (GJ)
Tel: +91-260-2433488, 2432731, 2434061; Fax: +91-260-2432728; Email: vapi@choksilab.com

Regional Offices & Sample Collection Centers:

Ahemadabad, Bangalore, Chennai, Cochin, Calcutta, Cochin, Delhi,
Goa, Gwalior, Hyderabad, Jaipur, Kolkatta, Kanpur, Mumbai, Nashik, Pune, Raipur, Rajkot, Roorkee, Surat