



CL-DEE
Department of Energy and Environment
National Institute of Technology
Tiruchirappalli-620015



CALIBRATION APPLICATION FORM (To be filled by customer)	
SI.No.	
Application No:	Date:
<u>Details of Device under Calibration</u> Name of the DuC: Make & Model: Range of Calibration: Under the Scope: Yes / No Accuracy: (Available / Not Available *)	<u>Customer Details</u> Name: Organization: Validity Required * : 6 Months/ 1 Year Mobile No:
<u>Office Details</u> Quantity Received: Physical Damages, if any: Accessories Supplied, If any:	<u>DD Details</u> DD No: Name of the Bank: Amount:
<u>Calibration Points</u> Full/Partial: If partial, Specify the ranges:	Calibration Methods: Standard (or) Specify (If any):
DUC ID:	Signature of the customer:
Checked by:	Approved by:

*.Calibration Validity will be kept blank, if the customer request validity more than one year



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Receipt

Si. No.:

Date: _____

Received a DD (DD No: _____) of sum of Rs./-
(In words)
from towards the
calibration charges to calibrate by using
Electrical/Pressure/Temperature Calibrator.

Received by

Quality Manager/CL-DEE