

**Form No. I**

File No.....

Job No.....

<p><b>Government of Kerala</b>  <b>Department of Electrical Inspectorate</b>  <b>Meter Testing and Standards Laboratory</b>          Thiruvananthapuram 695 016          Phone / Fax : 0471 2591080, Email : eimtsl@ceikerala.gov.in</p>	<p><b>Requisition</b>  <b>for Calibration / Testing</b></p>
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Name and address of the customer / Client

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Sl. No.	Nomenclature	Make	Serial Number	Range	Fee	Service Tax
<b>Total</b>						

I request you to kindly calibrate /test the above said instruments/equipment/materials and issue the certificate

Date :

Place :

Signature of the customer / client

\_\_\_\_\_ **For office use only** \_\_\_\_\_

Please collect a sum of

Rs	Rupees	Only
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Towards testing / Calibration Charges

Electrical Inspector

Received

Rs	Rupees	Only
Receipt No:	Date	

Cashier/Clerk

Job assigned to		To be completed on or before	
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Electrical Inspector

## Form No. II

File No : .....

Job No : .....

<p><b>Government of Kerala</b> <b>Department of Electrical Inspectorate</b> <b>Meter Testing and Standards Laboratory</b> Thiruvananthapuram 695 016 Phone / Fax : 0471 2591080, Email : eimtsl@ceikerala.gov.in</p>	<p><b>Receipt of Equipment</b></p>
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Name and address of the customer / Client

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Sl. No:	Nomenclature	Make	Serial Number	Expected date of Delivery	Condition of the instrument

Note:

1. Instruments/ equipment will be returned only on production of this receipt.
2. The laboratory will not be responsible for any damages to any apparatus or for any loss sustained in consequence of the test.
3. Apparatus will be received at the laboratory for testing between 10.30 AM and 1 PM on working days and must be delivered at and removed from the laboratory free of cost to government
4. MTSL will not be responsible for the safe custody of the instrument/equipment after three months from the date of testing /calibration.

Date :

Electrical Inspector

Received the above apparatus after testing / calibration on		Signature of the person receiving the item
		Name and Address