



INSTITUTE FOR DESIGN OF ELECTRICAL MEASURING INSTRUMENTS, MUMBAI

MINISTRY OF MSME, GOVT OF INDIA

S.T.TOPE MARG, CHUNABHATTI, SION P.O. MUMBAI – 400 022

MAHARASHTRA, INDIA

TEL: 022 -24050301/2/3/4 Ext. 226/234/235. FAX: 022 -24050016 E-MAIL: [eti@idemi.org](mailto:eti@idemi.org)



## CUSTOMER REQUEST FORM (TESTING)

Date:

Customer Details	
Customer/ Applicant Name :	
Address of Customer/ Applicant	
Billing Address: (If other than above)	
Name & Address required in Report: (If other than above)	
Representative Name with Designation/ Department:	
Phone No.:	
Mobile No.:	
Fax No.:	
Email ID.:	
GSTIN No:	
PAN No:	
MSME (✓ Tick) Udyog Aadhar/ Udyam No.	Micro (< 5 cr.) / Small (5-50 cr)/ Medium (50-250 cr)/ Others (>250 cr.)
Delivery Challan no & date:	
Services required	Laboratory facility/ Certification

Equipment / Product Details						
Sr. No.	Name of Equipment	Make	Model No.	Type / Category/ Sample No	Sr. No.	Range/ Rating

\* Provide the brief description of the equipment & operating condition during testing on separate sheet.



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Test Details (use separate sheet for more details)				
Sr. No.	Name of the Test	Test Standards	Test Levels / Parameters	Special Requirement if any

**\*Please mention the acceptance criteria for EMI/EMC testing.**

**Inclusion of Decision rule and statement of conformity**

Yes/ No

If YES, then kindly give the basis of decision rule (Specification / Standard / manufacturer declaration/ Any other).

Decision rule will be given by considering the expanded uncertainty in measurement approximate at 95 % Confidence Level at the time of testing.

IDEMI Quotation/Proforma invoice no.:	dt.
Purchase Order no.:	dt.
Test Charges .....	GST Amount ..... TDS (If deducted).....
Total Amount .....	
Cheque/ Demand Draft no. .... dt. ....	Name of the Bank..... Branch.....
(In favour of IDEMI, Mumbai).	
RTGS/NEFT/UTR No.....	

**IDEMI Details:**

**Bank:** IDBI Bank Ltd., 12-16, Sunny Estate, Sion Trombay Road, Chembur, Mumbai – 400071

Account no.: 018102000013350 Type: Current A/C IFS Code: IBKL0000018

**GSTIN:** 27AAAAI0012M1Z1 **PAN No:** AAAAI0012M **SAC Code:** 998346

**NOTE:**

1. Please bring the filled form while submitting the sample for testing.
2. Testing work will start only after receipt of 100% payment in favour of IDEMI MUMBAI
3. Amount once paid will not be refunded. Credit balance, if any will be adjusted only in future work.
4. Final Test Report will be issued only on above details. No correction or any amendment in the Test report will be made once it is issued.

Signature & Name of the Customer

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<b>For Office use only</b>	
Work Order No.: WO/ / /	Date:
Review of request:	
Technical Manager/Dy Technical Manager	