

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 MAHARSHTRA, INDIA



TEL: 022 -24050301/2/3/4. FAX: 022 -24050016

CUSTOMER REQUEST FORM (CALIBRATION)

		For Office use only					
		Work Order No.: WO/	1	/21-22			
		Date:					
Customer Details							
Customer/Applicant							
Name:							
Address of Customer/							
Applicant							
Billing Address:							
(If other than above)							
N 0.411							
Name & Address required							
in Calibration Certificate:							
(If other than above)							
Representative Name with							
Designation/Department:							
Phone No.:							
Email ID.:							
Fax. No.:				-			
Mobile No.							
GSTIN No:							
PAN No:							
SAC Code:							
MSME Registration No.							
Purchase Order No.							
Delivery Challan No:	dt.						
Services required	Calibration						

Equipment / Product Details							
Sr. No.	Name of Equipment	Sr. No.	Model No.	ld. No.	Range of Calibration	Accuracy	Make



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	Sr. No.	Name of Equipment	Sr. No.	Model No.	Id. No.	Range of Calibration	Accuracy	Make
Accui	r acy: Pl	alidity of Calibr ease attach separate sl	neet, if requ	ired			NO	
Total	Amoun	t						
Cheq	ue/ Der	nand Draft no	dt	Name of the	Bank	Branch.	••••••	
RTGS	/NEFT/	UTR No			••••••		•••••••••••••••••••••••••••••••••••••••	
		MI Bank Details: IDBI Bar ount no.: 018102000013					, Mumbai – 4	00071
	IDE	MI GSTIN :27AAAAI0012	M1Z1 IDEMI	PAN No:AAA	AI0012M			
SACC	AC Code:				Sig	Signature & Name of the Customer		

- NOTE:
 - 1. Please bring the filled form while submitting the Instruments for Calibration.
 - 2. Calibration work will start after receipt of 100% payment in favor of IDEMI MUMBAI
 - 3. Calibration certificate will be issued only on above details. No correction or any amendment in the Calibration Certificate will be made once it is issued.