



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 -24050016E-MAIL: etl@idemi.org



CUSTOMER REQUEST FORM (TESTING)

Date:

For Office use only
Work Order No.: WO/ / /

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.:	
Email ID.:	
Fax. No.:	
Mobile No.	
GSTIN No:	
PAN No:	
MSME Udyog Aadhar/ Udyam No.	
Delivery Challan no & date:	
Services required	Laboratory facility/ Certification

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

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



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Test 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

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: 9983

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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