Form No. I

File No							Job No					
Government of Kerala Department of Electrical Inspectorate Meter Testing and Standards Laboratory Thiruvananthapuram 695 016 Phone / Fax: 0471 2591080, Email: eimtsl@ceikerala.gov.in							Requisition for Calibration / Testing					
Name an	d address (of the customer /	Client									
SI. No.	. Nomenclature I		Ma	ke	Serial Number		Range		Fee	Service Tax		
								Total				
۱r	equest you	to kindly calibrat	te /test th	e above s	said instru	ments	/equipment/materials an	d issue th	ne certifica	ate		
Date:							Claus			/ alla l		
Place :				– For	office us	so only	· ·	ature of th	e custom	er / ciient		
Please co	ollect a sum	n of		1 01	office us	se om	•					
Rs				Rupees			Only					
Γowards	testing / Ca	alibration Charge:	S									
Received	I								Electrical	Inspector		
Rs				Rupe	ees		Only					
Receipt	No:			Da	te							
	,		1		1				Coo	hior/Clark		
Job ass	igned to						To be completed on or before		CdS	hier/Clerk		
							UII UI DEIUIE					

Form No. II

File No :			Job No :						
Depa Mete	nment of Kerala artment of Electrical er Testing and Stand vananthapuram 695 016 e / Fax: 0471 2591080, Email	ards Laboratory		Receipt of Equipment					
Name a	nd address of the customer /	Client							
SI. No:	Nomenclature	Make	Serial Number		Expected date of Delivery	Condition of the instrument			
Note:	Instruments/ aguinment will be retu	urned only on production of t	his receipt						
 Instruments/ equipment will be returned only on production of this receipt. The laboratory will not be responsible for any damages to any apparatus or for any loss sustained in consequence of the test. 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 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						