



JOB INFORMATION/ CONTRACT FORM

1. Job Code/Sr. No: ----- Date: -----

2. Name of *Customer* /Firm: -----

Address: -----

Tel. #-----Fax #. ----- E-mail:-----

3. Description of test/cal Item:

Qty: -----

Accessories

iv. -----

i. -----

v. -----

ii. -----

vii. -----

4. Nature of test/calibration required:

Full testing/calibration

Partial testing/calibration

5. Method/Procedure *identified*/ provided by the customer:

Yes

No

• Method selected/agreed for use:-----

• Any deviation required/agreed:-----

• *Condition of calibration/ testing service required:*

Normal

Urgent

• *Is the sample in proper packing?*

Yes

No

6. Estimated time for job completion/Execution: -----

7. *Whether the condition of test sample/calibration equipment satisfactory at time of receiving*-----

8. *Special requirement for sample/equipment preservation /storage condition (if any)* -----

9. Consent/comments of concerned *HoD*: -----

• Mode of dispatch/collection:

By Hand

Through Courier

10. Test / Calibration fee/ charges: Rs: -----

• Mode of payment:

D/D

Pay order

Cash

Bill

Invoice No: -----Rs: -----

11. *Next calibration date required*

Yes

No

12. Any other information: -----

Terms & Conditions of Contract:

The laboratory *makes* full efforts to execute the job with in the stipulated time however, if due to unavoidable circumstances the job execution is delayed, the same will be informed to the *Customer* through appropriate means.

Agreed as above

(Signature of Customer/*Rep*)

(Signature of authorized Officer)
(Customers Services Section)