



Homi Bhabha Calibration Laboratories LLP
Eluru, Andhra Pradesh

HBCLQF0301

Service /Calibration Request Form

Service Request ID (Official use): HBCL/SRF/2024/

Date: - 2025

| | |
|---|--|
| Name of the Hospital/Institution | |
| Address: | |
| Contact Person: | |
| Tel. No.: | |
| Mob. No.: | |
| E-mail id.: | |
| BILLING IN THE NAME OF | |
| Name of the Company: | |
| Address: | |
| Tel. No.: | |
| GSTIN: | |
| HSN code: | |
| Declared Value of unit(s): | |

*** Mandatory field(s) – Note: While sending back the units, the same HSN code and value in INR will be mentioned in e-waybill, so kindly ensure exact details are mentioned.**



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Item(s) Details:

| Sr No: | Instrument Type | Make | Model | S. No. | Remarks |
|---------------|---------------------------|-------------|--------------|---------------|----------------|
| 1 | Electrometer | | | | |
| 2 | Ionisation chamber | | | | |
| 3 | Ionisation chamber | | | | |
| 4 | Ionisation chamber | | | | |

Calibration Interval: The Calibration interval to be mentioned in the calibration certificate- **Yes/No**

If **yes** --what is the needed interval in **Years**.

If No or customer doesn't exercise above option Laboratory will follow the Atomic Energy Regulatory Board-Mumbai directives.

Special requests (if any):

Signature:

Designation:

Ph.:

(HBCL Official use)

Conclusion: The request is reviewed for resources, technical feasibility, Calibration method, cost, legal and time schedule for calibration. Customer Requirements are Met/Not Met

Sig Technical Manager