



Homi Bhabha Calibration Laboratories LLP
Eluru, Andhra Pradesh

HBCLQF0301


Service /Calibration Request Form

Service Request ID (Official use): HBCL/SRF/2025/

Date: - 2025

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

*** 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.**

	<p align="center"> Homi Bhabha Calibration Laboratories Eluru, Andhra Pradesh <i>Service /Calibration Request Form</i> </p>	<p align="center">HBCLQF0301</p>
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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