


	<p align="center"> <b>Homi Bhabha Calibration Laboratories LLP</b>  <b>Eluru, Andhra Pradesh</b>          (Secondary Standard Dosimetric Laboratory          Radiation Calibration &amp; Instrumentation)  <b>NABL Accredited Laboratory</b>  <i>Service /Calibration Request Form</i> </p>	<p align="center"><b>HBCLQF0301</b></p>
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**Service Request ID (Official use): HBCL/SRF/2026/**

**Date:** - 2026

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

**\* 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.:

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(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

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Sig Technical Manager