



SINEWAVES
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Certificate no.: CC-3041

SERVICE REQUEST FORM

Date: _____

Name and address of the organization (to be printed in calibration certificate): _____

Contact Person: _____ Tel No.: _____ E-Mail: _____

Calibration to be done at : Laboratory On-site Mention Calibration due date in certificate: Yes No

Instrument/Equipment Details

S.no.	Name/Description of Equipment	Equipment Serial No.	Make/Model	Class	Parameters for Calibration

Note: If the number of equipment is more than the given space, please attach separate sheet for details.

Remarks/Instructions (if any):	Name & Designation of the representative:
	Signature:

For Lab Use only

CRF No. _____	Review of requirements: _____
Customer Ref. _____	_____
Item Received By: _____	Item Verified By: _____
Date: _____	Conclusion: _____
Signature: _____	Signature: _____