

Electrical Testing Laboratory	
SERVICE REQUEST FORM	
A.C MOTOR CAPACITORS	
(As Per IS 2993: 1998)	

Code No.

Description of Sample

Name of the test item	A.C MOTOR CAPACITORS				
Cap.Value		Tolerance		Rated Voltage	
Туре		Make		ID.No	
Class					

Test Requirements

SI. No.	Name of the test	Test Requit	SI. No	Name of the test	Test Requit
1.	*Capacitance Measurement : (CI:2.9)		2.	*Tangent of Loss angle : (Cl:2.5)	
3.	Voltage test :(Cl:2.7)	14	4.	Voltage test : (Cl: 2.8)	
5.	Sealing Test : (Cl. 2.12)	()	6	*Endurance Test (2.13)	
Y- Required, NR – Not Required, Put Y or NR for test requirements.					

Note:

- Kindly issue separate SRF Form for each sample
 The tests marked with an * are not accredited by NABL.

SLFEL068/01.01/01.20

 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Name and Address of the Customer in Test Report	Ref Doc. Details :			
Name and Address of the Customer in Invoice	Contact Person: Phone No.			
Sample Inward No.	Date			

For Si'Tarc		Customer	
Date:	Sign & Name	Date:	Sign & Name