

## Electrical Testing Laboratory

SERVICE REQUEST FORM

Tests as per Customer Requirements

Code	οM ε	
Couc	JINU.	

Description of	<sup>f</sup> sample
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Name of the test sample	-		
Make / Brand		Identification	
Model	Model		

## **Test Requirements**

Ref. S	tandard Details					
SI. No.	Name of the test /	Parameter	Test Required	SI. No.	Name of the test / Parameter	Test Required
1)				2)		
3)				4)		
5)				6)		
Y- Required ,NR – Not Required, Put Y or NR for test requirements						
Note: The tests are not accredited by NABL.						

SLFEL266/ 01-00 / 01-20

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