**CALIBRATION CONTRACT FORM**

Date : / /

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| **1) Name and Address:** |
| **2) GST TIN NO. :** |
| **3) Customer Letter No. & Date :** |
| **4) I) Details of Device to be Calibrated :**

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| **Name of DUC :** |
| **Serial No. :** | **Reference Standard for calibration (IEC/ CISPR):** |
| **Range :** |
| **Make :** |
| **Sl. No.:** | **(Model No. /Type) :** |

**II) Accessories if any**

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| **Operating Manuals / Detailed Catalogues : Provided / Not Provided** |
| **Previous cal reports : Provided / Not Provided** | **Load points : please attach annexure**  |

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| **5) Suggested Calibration Duration : 6 Months / 12 Months / Not Required in**  **Calibration Report.**  **If calibration duration is not mentioned by customer then consider the same as one year.**  |
| **6) Calibration Report Required IN : NABL / NON–NABL.** |
| **7) CEEP OBJECT ID NO. : CEEP/** |
| **8) Remarks If Any :** |
| **Signature of Customer’s Representative** | **Signature of CEEP Representative** |
| **Name :****Designation :****Date :** | **Name :****Designation :****Date :** |

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| **9)** | **Name Plate Details / Photo of Device Submitted for Calibration** |
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| * **All the above data should strictly match with your Name Plate**
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| **10)** | **Contract Review**  |
| **W.O. No.:****Date of Receipt of Device :****1. Availability of Reference Std: Yes / No.** **2. Availability of Calibration Proc.: Yes / No.** **3. Availability of Adequate Personnel: Yes / No.** **4. Agreed Date of Delivery:** | **5. Calibration Interval:** **6. Certificate to Bear NABL Logo: Yes / No.****7. Working Condition: Ok / Not Ok.****8. Work Carried Out at: Lab. / Site.** |

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| **Signature of Customer’s Representative**  | **Signature of CEEP Representative** |
| **Name :****Designation :****Date :** | **Name :****Designation :****Date :** |

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