



WO No.:

Work Order for Calibration

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| Name & Address of the Organisation M/s. | Contact Person: Mr./Mrs. Designation: Tel. No.: Fax No.: |
|---|--|

| Details of the Instrument(s) | | | Calibration Requirement | | Any other info. | Job No. |
|------------------------------|------------|---------|-------------------------|----------|-----------------|---------|
| Name/Description | Make/Model | Sl. No. | Parameter(s) | Range(s) | | |
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Do you like to indicate the annual calibration due date in the calibration certificates & labels? YES NO

- All possible care will be taken in handling the equipment, but the risk of damage in transit or in calibration must be assumed by the customer.
- An equipment accepted for calibration may be returned uncalibrated, under circumstances beyond the control of STIC.
- Instruments, which are in good working condition only, will be calibrated.

I/We agree to the above terms and conditions.

Signature : _____ Name : _____ Designation : _____ Date : _____

Please bring this form for delivery of instruments/certificates

Received for Calibration

Due Date of delivery : _____

Officer in charge / CSC