

# BERNOULLI'S FLOW TESTING & CALIBRATION LABORATORY



## SERVICE REQUEST FORM

For Office Use SRF No:
---------------------------

### Contact Details

Name:

Mobile No:  Email:

Designation:  Department:

Organization Name:

Address:

State:  Pin code:

GSTIN:

Type of Service:  Calibration  Testing  Others (specify) \_\_\_\_\_

### Details of Equipment

Equipment (With Serial No. / Identification No.)	Range (along with units)	Size	Quantity	Standard as per which Testing / Calibration is to be conducted	Description / Type of Test / Calibration	Office Review (BEFTCAL)

- **Next Calibration Due Date Required in report/certificate:**  Yes  No
- **Witnessing of test/calibration required:**  Yes  No

### BERNOULLI'S FLOW TESTING & CALIBRATION LABORATORY

Door No 1/887, Gurukripa Building, Venoli Road, Narugampully, Pudussery (PO), Palakkad, Kerala -678623

Ph: 0491 2933726, +91 9947850790, 8075545459 Email: [befcalindia@gmail.com](mailto:befcalindia@gmail.com)



GSTIN: 32CEWPG9506B1ZJ

# BERNOULLI'S FLOW TESTING & CALIBRATION LABORATORY



- **Billing Address:**  Same as in page 1  As mentioned below

GSTIN  State:  Pin code:

- **Address in certificate/ report:**  Same as in page 1  As mentioned below

State:  Pin code:

- **Any other information**

# BEFTCAL

BERNOULLI'S FLOW TESTING & CALIBRATION LABORATORY

I have read and agree to the terms and conditions of the calibration/testing service.

Date: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

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