

CENTRAL ELECTRONICS CENTRE, IIT MADRAS

TESTING JOB REGISTRATION FORM
(To be filled by the customer)

Name of the Organization/Dept:

Name of the Laboratory /Division:

Name of the Contact person:

Phone No.:

Name of the Equipment :

Name of the Manufacturer:

Model No. :

Serial No. :

Details of testing to be carried out:

Purpose of testing:

Standards / Specifications against:
Which testing to be carried out

Decision Rule followed for reporting: As per **APLAC TC 004** (The measured result is within the specification limit, even when uncertainty @ 95% confidence level included, is considered pass) /

Are the Standards / Specifications supplied : ☐ Yes ☐ No

Are the Operation / Service Manuals supplied : ☐ Yes ☐ No

Accessories supplied, if any :

Documents supplied, if any :

Head of the Dept/Laboratory or Authorized Signatory
Date:

Office Seal

ACKNOWLEDGEMENT
(To be filled by CEC)

Date of receiving the Equipment :

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(in CEC)

Identification Code:

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Job Registration No:

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Items received: Complete Equipment/
Plug-in-module/ PCB/Accessories

Details of the accessories supplied, if any :

Condition of received equipment on receipt :

Probable date of completion :

CEC will keep confidential all information obtained or created during the performance of testing laboratory activities, except as required by law.

Name & phone No. of the contact person (in CEC):

Signature of the Customer Service in-charge (in CEC):
Date:

Signature of the HOC:
Date: