



JBS TESTING SOLUTIONS

Service Request Form (To be filled by firm)

For JBSTS Use

SRF No: _____

1. Contact Details:

Name: _____

Contact Details: _____ Email: _____

Designation: _____

Organization Name: _____

Address: _____

State: _____ Pincode: _____

GSTIN: _____

2. Previous communication Details:

2.1 JBSTS Quotation no. / Ref no: & date: _____

2.2 Our Purchase order no. & date (If sent): _____

* Mention "NA" if not applicable.

3. Lab:

3.1 Type of Service: Calibration Testing Others

3.2 Mode of Transport Courier _____ Other _____

3.3 Details of Equipment

Sr no.	Equipment/Product (With SerialNo/Identification No.)	Range (along with units)	Size	Quantity	Standard as per Calibration/ Test is to be conducted	Description / Type of Test / Calibration	Review by HOD (JBSTS Use)
1							
2							
3							

Attach Separate sheet if there are additional instruments or additional test method or additional information

*Mention "NA" if not applicable.

4. Advance Payment Details :

NEFT / RTGS as per following details shall be communicated before commencement of testing/calibration, by email

Date of Payment	Amount	UTR / Transaction details	IT TDS Amount deducted*	IT TDS % deducted*	TAN

*Mention "NA" if not applicable

*Form 16A will be submitted within 45 days from end of quarter in which deduction was made.

~In case you are authorized to make deduction of GST at source under section 51 of CGST Act

Address: Plot No 27, Street No. 2, Adjoining Focal Point Road, Transport Nagar, Jalandhar, Punjab (INDIA) - 144004

Mail ID: -sample@jbstestingolutions.com

Website:- www.jbstestingolutions.com



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5. **Next Calibration Due Date Required in report/certificate:** Yes No

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

GSTIN _____ State: _____ Pincode: _____

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

State: _____ Pincode: _____

Note: If the calibration/testing certificate is in the name of any other company, you have to submit a request letter in the letter head of the organisation whose name has to be incorporated in the report.

8. **Equipment/Sample return Mode:** We will arrange JBSTS to send back on "To pay" basis

9. **Equipment/Sample return address:** Same as in page 1 As mentioned below

GSTIN _____ State: _____ Pincode: _____

10. **Certificate Dispatch Address:** Same as in page 1 As mentioned below

State: _____ Pincode: _____

11. Whether Decision rule to be applied :(If yes please specify) Yes No

12. Any other information

I have read and understood the JBSTS terms and conditions for calibration/testing service available at www.jbstestingolutions.com/servicerequest.pdf and agree to the same.

Date:

Name / Signature