

**CENTRAL ELECTRONICS CENTRE, IIT MADRAS**

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

Name of the Organisation/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 Authorised Signatory \_\_\_\_\_ Office Seal \_\_\_\_\_  
Date: \_\_\_\_\_

**ACKNOWLEDGEMENT  
(To be filled by CEC)**

Date of receiving the Equipment :       Identification Code:

Job Registration No.:           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: