NIPER GUWAHATI	**MEDICAL DEVICES TESTING AND CALIBRATION FACILITY, NIPER GUWAHATI**	**Doc No. NIPERG/MDTF/FM 32**
	CALIBRATION REQUEST FORM	**VER 1.0 DTD 01.08.2023** **Page 1 of 2**

Date:

Name & Address of Customer to be billed:	
Contact Person Name, Dept. & Designation:	
E-mail & Mobile: *(acknowledgment will be sent on this E-mail)*	
Goods and Service Tax Identification No. (GSTIN) if any	
Calibration at	☐ ***Lab*** ☐ ***Onsite***
Whether Conformity of statement is required:	☐ ***Yes*** ☐ ***No*** *(If yes, Decision Rule will be applicable)*
Decision Rule:	☐ ***As per reference standard*** ☐ ***Customer specification***

Additional Remark if Any:

Terms & Conditions:

- Medical Devices Testing and Calibration Facility (MDTF) provides the requested calibration services in accordance with the standards approved by national, international associations or approved standard manuals; in the absence of such information sources, the services shall be provided in compliance with the manufacturer's equipment or system provider's manuals.
- The Laboratory takes great care in its Calibration process; we would like to inform definitively that MDTF will not be held liable for any equipment failures that occur during the Calibration Process.
- Execution of work and Report will be issued within 14 days.
- Calibration services do not include the process of adjusting, maintaining, repairing, cleaning, disinfecting, or sterilizing Customer equipment. Non-standard calibration processes shall not be performed in Calibration Laboratory.
- When planning for in-house calibration, bring relevant documents associated to the DUC. Equipment for calibration should be sent & collected personally to ensure safety of your equipment. If couriered, it will be at your own risk.
- The customer is responsible for the removal, restoration, and programming (as applicable) of all instruments returned from calibration. The Laboratory will not attempt to return instrument settings to the "as found" Customer's positions upon completion of the calibration process.
- For Onsite Calibration, the customer is instructed to keep the equipment in good working condition. The customer shall detach the equipment to be calibrated on-site from the subject and offer it in a clean-room environment.
- Customer information as mentioned will be entered into final certificates and no changes will be entertained at a later date.

Details of DUC, range and calibration points mentioned are correct.
I/we hereby agree to abide by all terms and conditions.

Customer Representative Sign

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Sl. No.	INSTRUMENT	SR / ID.NO.	RANGE	ACCY.	CAL POINTS	CAL. FREQ	REMARK

Customer Representative Sign	

For Laboratory Use Only.

CRF No:

a. Whether the calibration method proposed By the customer? Yes/ No
if yes, details thereof: ……

b. Whether the requirements, including equipment details are adequately defined? Yes/ No

c. Whether the laboratory has the capability and resources to meet the requirements. Yes/No

d. Physical verification of equipment is carried out? Yes/No

e. Does it require any repair? Yes/No

f. Statement of conformity Yes/No

Date: **MDTF representative Sign**