



Absolute Testing Services

Add: FCA 3659, SGM Nagar, NIT-3, Faridabad,
Delhi NCR, Haryana, India-121001
Web: www.a-ts.in

ATS/F/12-A: Testing Request Form

CUSTOMER DETAILS: -

Name of the customer. _____

Address. _____

Email ID. _____

Contact person. _____

Contact No. _____ Web site. _____

MANUFACTURER DETAILS: -

Name of the manufacturer. _____

Address _____

(If manufacturer and customer name and address are same than please fill same as above in Above two rows)

PRODUCT DETAILS: -

Name of the product. (Same Name will reflect on Report and Invoice) _____

Quantity of the product. _____ Name of the referral Standard. _____

Model /Type reference. _____

Trade Mark (if any). _____

Ratings. _____

Sample Description. _____

Degree of protection. _____

Pollution degree. _____

Scheme (Tick any One) NABL /BIS /ATS /Tender for tender please specify tender no. _____



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PRODUCT DETAILS: -

Test Sample Weight _____

Test Sample Weight with fixture _____

Test Sample Dimension (LXBXH) _____ (In mm Only)

Test Sample Dimension with fixture (LXBXH) _____ (In mm Only)

Details of Accessories with Test Sample 1 _____ 2 _____

3. _____ 4 _____ 5 _____

Sample Operating Condition (Tick any One): - 1 Operating Condition , 2 OFF condition , 3 Cyclic (ON/OFF)

Test parameter details as per standards

Sl. No.	Name of the test parameter	Referral standard & Clause

Note: - 1. Test parameter once finalized shall not be changed without written permission of LAB HEAD.

2. If customer need invoice in name other than name given above, same information shall give by the customer at the time of submission of test request form.

3. For reporting statement of conformity A-TS will apply decision rule as inherent in the requested test specification or test method, if decision rule is not specified in the test specification or in test method than A-TS will follow ILAC- G8 (Guidelines on decision rules and statement of conformity)

Date: _____

Requester's Name. _____

Requester's Designation. _____

Requester's signature. _____