

## Registration for Industries & other External Users

Part-I: User information	
Name of the user	-----
Designation*	-----
Name of Industry / Organization*	-----
Full Postal Address with PIN code*	----- ----- PIN code: -----
Mobile numbers * (for user/ contact person with name) *	<input type="checkbox"/> Mob No. (user) *: ----- <input type="checkbox"/> Contact No. (off): ----- <input type="checkbox"/> Contact person's name*: -----
Email ID (for communication & sending Test report) *	-----
GSTIN*	-----
Category of users (pl. ✓ tick) *	<div style="text-align: center;"> <input type="checkbox"/> Industry <input type="checkbox"/> R&amp;D Lab <input type="checkbox"/> Academic Institution         </div> <p><b>[Attach ID proof for respective user's category, applying for Test(s)]</b></p>

\*mandatory field, user(s) must provide information for these respective fields

Part-II: Details of Testing & Analysis desires	
1) Nature of sample* (pl. ✓ tick)	<input type="checkbox"/> Toxic / <input type="checkbox"/> Non-toxic,
2) Test Materials (pl. ✓ tick)	<input type="checkbox"/> Glasses, <input type="checkbox"/> Ceramics, <input type="checkbox"/> Composites, <input type="checkbox"/> Metals, <input type="checkbox"/> Polymers, <input type="checkbox"/> Polymers, <input type="checkbox"/> Others (pl. specify) .....
3) Details of Testing / Analysis require*	3.a) Test schedule Sl. No. (as per Testing schedule): ..... 3.b) Test name: ..... 3.c) Requirement of measurement as per Standards (like ASTM, IS, BIS, DIN, NIST, etc.): <input type="checkbox"/> Yes / <input type="checkbox"/> No (if yes, Code for Standards: ..... 3.d) Number of Sample: ..... 3.e) Sample Identification Codes: ..... 3.f) Expert opinion Require: <input type="checkbox"/> Yes / <input type="checkbox"/> No (if yes, specify the nature/type of expert opinion desire for: .....

	<b>Add Test:.....</b> <b>(Please fill point nos. 3(a-f) additionally for different samples/tests desires)</b>
Brief description of the Test(s) / Test specimen(s) for respective tests desire for	----- -----
Special instructions to operator (if any) related to handling of sample(s) and/or testing	----- ----- -----
<b><i>Testing charges shall be against the Proforma Invoice, issued by Testing and Characterization Cell upon confirmation of possibilities of Tests</i></b>	

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Date:

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Signature of the applicant with Seal

<b><i>For office use only</i></b>	
Registration No.	_____ (to be assigned by TCC, CSIR-CGCRI)
Details of money receipt (Bank transaction No. /DD No & Date, etc.	----- -----
Name of Bank& Branch	-----
Submission of Test Report with date:	-----
Signature of Concerned officer of TCC, CSIR-CGCRI	-----