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 *	☐ Mob No. (user) *:	
(for user/ contact person with name) *	☐ Contact No. (off):	
	☐ Contact person's name*:	
Email ID (for communication & sending Test report) *		
GSTIN*		
Category of users (pl. √tick) *	☐ Industry ☐ R&D Lab ☐ Academic Institution	
	[Attach ID proof for respective user's category, applying for Test(s)]	
*mandatory field, user(s) must provide information for these respective fields		
Part-II: Details of Testing & Analysis desires		

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

	Add Test:(Please fill point nos. 3(a-f) additionally for different samples/tests desires)
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	
i cesting	
Testing charges shall be again	st the Proforma Invoice, issued by Testing and Characterization Cell oon confirmation of possibilities of Tests
Testing charges shall be again	

For office use only		
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		