

	INSTITUTE OF NANOSCIENCE AND NANOTECHNOLOGY	UPM/ION2/ F3-C
	APPLICATION FOR CALIBRATION SERVICES FORM	Revision No. : 2 Issue No. : 1 Effective Date : 24/9/2025

A. APPLICANT DETAILS

Name of Applicant :	Email :
Institution/Company Address :	Tel. No. :

B. CALIBRATION ITEMS INFORMATION

Service request : Calibration of Standard Weight Balance

Please fill in **A** and/or **B** where applicable.

A Standard Weight (SW) Details	B Balance Details
No. of Set : _____ <small>(If more than 1 set, please attach a list. Refer to Appendix)</small>	No. of Unit : _____ <small>(If more than 1 unit, please attach a list. Refer to Appendix)</small>
No. of Pieces : _____	Brand : _____
Range : _____ <small>(e.g. 1 g - 500 g)</small>	Model : _____
Classification : _____ <small>(e.g. E2 / F1 / F2 / M1 / M1-2 / M2)</small>	Capacity : _____ <small>(e.g. 220 g / 3200 g)</small>
Material : _____ <small>(e.g. Stainless Steel / Copper / Alloy)</small>	Resolution : _____ <small>(e.g. 0.0001 g / 0.001 g / 0.01 g)</small>
Asset ID/Serial No : _____	Asset ID/Serial No. : _____

C. COVENANT OF APPLICANT / PAYEE **D. TYPE OF PAYMENT (for internal use)**

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the calibration services offered. Signature : _____ Name : _____ Designation/Position : _____ Date : _____	<input type="checkbox"/> Cash / Cheque / Bank Draft (payable to BENDAHARI) <input type="checkbox"/> UPM Payment Gateway <input type="checkbox"/> Purchase Order (PO) <input type="checkbox"/> Vote Transfer No.: _____ Current Balance : _____
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E. FOR INTERNAL USE

	Yes	No	Remarks
1. Certificate issued and calibrated Standard Weight will be self-collected	<input type="checkbox"/>	<input type="checkbox"/>	If no, extra cost will be imposed for postage. Despatch inside UPM only.
2. Expected time of completion (to be agreed): _____ Note: The turnaround time will be mutually agreed upon with the customer and should normally not exceed 30 working days			

***All customer information is protected under ION2 policy**

Reviewed by: _____ (Technical Staff) Name: _____ Date: _____	JOB NUMBER _____/_____/_____
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