

Test Request Form for TEC Certification

To be submitted by applicant as hard copy or soft copy

I. Applicant Details

1	Name of Organization	XXXXXXXXXXXXX
2	Address	XXXXXXXXXXXXX
3	Contact Person	XXXXXXXXXXXXX
4	Mobile Number	XXXXXXXXXXXXX
5	Email Id	XXXXXXXXXXXXX

II. Manufacturer Details

1	Name of Manufacturing Unit	XXXXXXXXXXXXXXXXX
2	Address	Address as in Business License XXXXXXXXXXXXX
		City XXXXXXXXXXXXX
		PIN XXXXXXXXXXXXX
3	Contact Person	XXXXXXXXXXXXX
4	Mobile Number with country code	XXXXXXXXXXXXX
5	Email Id	XXXXXXXXXXXXXXXXX

III. Product Detail
(Sample for testing)

1	Product Category	XXXXXXXXXX
2	Brand Name	XXXXXXXXXX
3	Model Number	XXXXXXXXXX
4	Serial Number, if any	XXXXXXX
5	Attached Accessories	XXXXXXXXXXXXXXXXXX
6	Technical Specification Features & Interfaces	XXXXXXXXXXXXXXXXXX
7	Remarks, If any About Associate model / Family model etc.	XXXXXXXXXXXXXXXXXX

IV. Required attachment

1	Product User Guide or Manual	Yes	No
2	Marking Label	Yes	No
3	PCB Layout / Circuit Diagram	Yes	No
4	CB Test Report, if any	Yes	No

Date :

Signature

Place :

Seal