

# Crystal Quality PT Provider

Office No: 124, 1<sup>st</sup> Floor, Orchid Harmony, Opp. Palanpor Fire Station, T.P. 9, Gaurav Path  
Road, Palanpor, Surat – 395009.



## REGISTRATION FORM

### I. PT Scheme Details:

Sr. No.	Program Name	Program Code	Registration Date
1.	Proficiency on Water-V	CQPTP/WT/5B/SEP/2024	

<b>Tick [✓] here parameters in which you will participate</b>	:	<input type="checkbox"/> pH @27 <sup>o</sup> C <input type="checkbox"/> Total Solids	<input type="checkbox"/> Sulfit <input type="checkbox"/> Boron (B) <input type="checkbox"/> Oil & Grease	<input type="checkbox"/> Ammonical Nitrogen <input type="checkbox"/> Copper*
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### II. Registration & Contact Details for Participating in PT scheme:

Sr. No.	Particulars	Details
1.	Organization Name (PT Participant)	:
2.	Address	:
3.	District	:
4.	Pin code	:
5.	State	:
6.	Existing Customer	Yes/No
7.	Accreditation Status ISO/IEC 17025 Tick [✓]	<input type="checkbox"/> ALL PARAMETERS ACCREDITED <input type="checkbox"/> FEW PARAMETERS ACCREDITED / FEW NOT ACCREDITED <input type="checkbox"/> NOT ACCREDITED
8.	Provide NABL Certificate No.	:
9.	GST No.	:
10.	Lab Head (Designated Management)	
a.	Name	:
b.	Designation	:
c.	Email(s)	:
d.	Mobile No. (Do not give Landline)	:
11.	Quality Manager (Day to day Contact)	
a.	Name	:
b.	Designation	:
c.	Email(s)	:
d.	Mobile No. (Do not give Landline)	:
12.	Any other Person (TM/Accounts/Coordinator)	
a.	Name	:
b.	Designation	:
c.	Email(s)	:
d.	Mobile No. (Do not give Landline)	:

#### Note:

1. Fill & Scan in **PDF Format** and Email to: [crystalqualityptprovider@gmail.com](mailto:crystalqualityptprovider@gmail.com) (No Hard copy require to be Send).
2. All columns are mandatory to fill.
3. All correspondence will send on above registered email ids only.
4. Read Terms & Conditions.
5. Use Extra Sheet if required.
6. The PT Scheme/Parameter marked by (\*) are not under present scope of accreditation but will be covered under scope in next assessment.
7. We will send PT samples of tick marked parameters only.

Authorized Signatory with Stamp	Name	Designation

For Office Purpose	
Review/ Remarks if any	PT coordinator/Proprietor Signature

\*\*\*\*\*END OF DOCUMENT\*\*\*\*\*

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## REGISTRATION FORM

### I. PT Scheme Details:

Sr. No.	Program Name	Program Code	Registration Date
1.	Pollution & Environment   Waste water	CQTP/WWT/00/APR/2024*	

Tick [✓] here parameters in which you will participate

<input type="checkbox"/> pH @25° C	<input type="checkbox"/> Dissolved Oxygen (DO)	<input type="checkbox"/> Nitrate	<input type="checkbox"/> Colour
<input type="checkbox"/> Acidity	<input type="checkbox"/> Conductivity	<input type="checkbox"/> Oil and Grease	<input type="checkbox"/> Odour (Qualitative)
<input type="checkbox"/> Boron (B)	<input type="checkbox"/> Fluoride		

### II. Registration & Contact Details for Participating in PT scheme:

Sr. No.	Particulars	Details						
1.	Organization Name (PT Participant)	:						
2.	Address	:						
3.	District	:						
4.	Pin code	:						
5.	State	:						
6.	Existing Customer	Yes/No						
7.	Accreditation Status ISO/IEC 17025 Tick [✓] as applicable	<table><tr><td>:</td><td>ALL PARAMETERS ACCREDITED</td></tr><tr><td>:</td><td>FEW PARAMETERS ACCREDITED / FEW NOT ACCREDITED</td></tr><tr><td>:</td><td>NOT ACCREDITED</td></tr></table>	:	ALL PARAMETERS ACCREDITED	:	FEW PARAMETERS ACCREDITED / FEW NOT ACCREDITED	:	NOT ACCREDITED
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8.	Provide NABL Certificate No.	:						
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a.	Name	:						
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d.	Mobile No. (Do not give Landline)	:						
12.	Any other Person (TM/Accounts/Coordinator)							
a.	Name	:						
b.	Designation	:						
c.	Email(s)	:						
d.	Mobile No. (Do not give Landline)	:						

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