Note: Please indicate by a tick mark where options are provided.

1. Customer’s Detail:

|  |  |  |
| --- | --- | --- |
| Company Name: |  | |
| Contact Person: |  | |
| Plant Location: |  | |
| Address: |  | |
| Phone No.: |  | Fax No.: |
| E-mail.: |  | |

1. Type of Equipment Desired ( If known):

|  |  |
| --- | --- |
| Falling Film | Rising Film Evaporator |
| Forced Circulation Evaporator | Roto/Wiped film Evaporator |
| Scrapped Surface Evaporator | Combination Evaporator |
| Vendor to Choose |  |

1. Ambient Conditions:

|  |  |  |
| --- | --- | --- |
| Ambient Temperature Summer (°C): | **:** |  |
| Winter (°C): | **:** |  |

1. Feed Details:

|  |  |  |
| --- | --- | --- |
| Name & Description of Feed | **:** |  |
| Broad Composition of the Feed | **:** |  |
| Percentage (w/w) of Solids in the Feed | **:** |  |
| (Detail of constituents if more than one type of solid is present) | **:** |  |
| Percentage (w/w) and Description of solvents other than water, if any | **:** |  |
| Feed Rate (Kg/h) | **:** |  |
| Density (gm/cc) | **:** |  |
| pH Valve | **:** |  |
| Viscosity (cps) | **:** |  |
| Temperature (°C) | **:** |  |
| Specific Heat of Feed (kcal/kg°C) | **:** |  |
| Thermal Conductivity (w/mK) | **:** |  |
| Maximum Temperature that Product can be subjected to (°C) | **:** |  |

1. Product Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Is Sterilization Required? | **:** | Yes | No |
| If Yes, Temperature (°C) | **:** |  | |
| Holding Time (sec.) | **:** |  | |
| Desired Final Concentration (% w/w) | **:** |  | |

1. Services Available:

|  |  |  |
| --- | --- | --- |
| Steam Pressure (Bar-g) | **:** |  |
| Electricity  Voltage (volts)  Phase  Frequency (Hz) | **:**  **:**  **:** |  |
| Cooling Water Temperature (°C) | **:** |  |

1. Material of Construction:  
   Product Contact Parts:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SS-316 | SS-304 | SS-304 L | CS | SS-316 | SS-316 Ti | Other |

Steam/Vapour Contact Parts:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SS-316 | SS-304 | SS-304 L | CS | SS-316 | SS-316 Ti | Other |

|  |  |  |
| --- | --- | --- |
| If Other, please specify | **:** |  |

1. Do You Want to Include :

|  |  |  |  |
| --- | --- | --- | --- |
| MCC & Cabling with Cable Tray |  | Yes | No |
| Cooling Tower |  | Yes | No |
| Supporting Structure |  | Yes | No |

|  |  |  |
| --- | --- | --- |
| **9. Any Other Information which may be useful for us for designing** | **:** |  |

|  |  |
| --- | --- |
| **Authorized Signatory:** |  |
| Designation: |  |