



(Appendix – II)

**DISPATCH FORM**

**CMTI-PT Provider**

**CMTI-PT-S-001-2023**

**Plain plug gauge**

Please fill in this Dispatch FORM and mail it to :

i. V.A.P. Sarma

PT Coordinator  
CMTI-PT PROVIDER,  
Central Manufacturing Technology Institute,  
Tumkur Road, Bangalore 560 022  
Bangalore 560 022  
Phone : 080-22188381  
Fax: 080-2337 0428  
E-mail: vapsarma@cmti-india.net

The complete package was dispatched on .....

Through Courier M/s.....

Phone ..... Fax .....

Participant Laboratory .....

Contact Person .....

Phone ..... Fax.....

(Note: The contents of the package are in good condition and complete as per Technical Protocol)

Remarks : .....

Date :

Place :

Name and Signature

Authorized Signatory