

Application Data Sheet No: _____ **Date:** _____

Mode of Enquiry : Direct Visit / Telecall / Email / Post

COMPNY INFORMATION

Company Name	_____	Contact	_____
Email	_____	Phone	_____
Address	_____	Fax	_____
	_____	State	_____
City	_____	Zip	_____

PROJECT INFORMATION

Project Name _____

End Client _____

Site Location _____

CLASSIFICATION

<input type="checkbox"/> Firm Requirement	<input type="checkbox"/> Budget / Tender	<input type="checkbox"/> Inland	<input type="checkbox"/> Exports
<input type="checkbox"/> New Project	<input type="checkbox"/> Replacement	<input type="checkbox"/> EPC Contractor	<input type="checkbox"/> End User/ Water Board

APPLICATION

VALVE ENQUIRY / SPECIFICATION

Valve Type _____

Valve Size _____

Pressure Rating _____

Quantity _____

LIQUID DATA

Fluid Type	_____	Concentration %	<input type="text"/>
Fluid Temp	_____	Specific Gravity	<input type="text"/>
Pressure	_____	Viscosity	<input type="text"/>
Solid	_____	Type	<input type="text"/>

EXISTING VALVE SPECIFICATION

Valve Make	_____	Supplier	_____
Valve Type	_____	Valve Model	_____
Valve Rating	_____	Accessories, if any	_____
MOC	_____		_____

DOCUMENTS

Any Special Requirements ? _____

Specific Materials _____ Testing Specific Data or Drawings

SPECIAL CONTROLS / INSTRUMENTS

Automation _____ SCADA _____

ADDITIONAL INFORMATION
