



# NAGMAN FLOW-LEVEL SYSTEMS AND SOLUTIONS LLP

CHENNAI-600123, INDIA

## LEVEL TEST AND CALIBRATION SYSTEM

### A. CONTACT DETAILS

|     |                                       |                   |
|-----|---------------------------------------|-------------------|
| 01. | Company Name & Address                |                   |
| 02. | Contact Person                        | Mr./Ms.           |
| 03. | Designation / Department              |                   |
| 04. | Phone / Mobile<br>(With ISD/STD Code) | Phone:<br>Mobile: |
| 05. | Email ID(s)                           |                   |

### B. DETAILS OF LEVEL TRANSMITTERS TO BE CALIBRATED

(All fields are mandatory. Kindly fill up all details to enable us to offer our best suited & cost-effective system customized for your specific applications)

| 01.   | Types of Transmitters (Devices to be calibrated)                | Capacitance                                                                                                                                                                                                                        | Ultrasonic            | Radars-Guided Wave |       |         |         |                 |   |  |  |  |  |  |  |  |
|-------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------|---------|---------|-----------------|---|--|--|--|--|--|--|--|
|       |                                                                 | Radars-Cone                                                                                                                                                                                                                        | Magneto-strictive     | _____              |       |         |         |                 |   |  |  |  |  |  |  |  |
| 02.   | Connection Types                                                | Flange                                                                                                                                                                                                                             | Screwed               | _____              |       |         |         |                 |   |  |  |  |  |  |  |  |
| 03.   | Level Range<br>(Please specify if mentioning in other units)    | <table border="1"><thead><tr><th>Units</th><th>Minimum</th><th>Maximum</th><th>Operating Range</th></tr></thead><tbody><tr><td>m</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> |                       |                    | Units | Minimum | Maximum | Operating Range | m |  |  |  |  |  |  |  |
| Units | Minimum                                                         | Maximum                                                                                                                                                                                                                            | Operating Range       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| m     |                                                                 |                                                                                                                                                                                                                                    |                       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
|       |                                                                 |                                                                                                                                                                                                                                    |                       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 04.   | Type of measurement                                             | Standard                                                                                                                                                                                                                           | Interface             |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 05.   | Details of Interface Liquids<br>(If any)                        |                                                                                                                                                                                                                                    |                       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 06.   | Accuracy of Units Under Test                                    |                                                                                                                                                                                                                                    |                       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 07.   | Type of Measuring Chamber                                       | Metal                                                                                                                                                                                                                              | Transparent           |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 08.   | Lifting Arrangement (To lift the chamber for height adjustment) | Manual Hydraulic                                                                                                                                                                                                                   | Electrically Actuated |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 09.   | Calibration Certificate<br>(Generation)                         | Manual                                                                                                                                                                                                                             | Automatic             |                    |       |         |         |                 |   |  |  |  |  |  |  |  |
| 10.   | No. of Level Transmitters in your company                       |                                                                                                                                                                                                                                    |                       |                    |       |         |         |                 |   |  |  |  |  |  |  |  |

FREE COMMENTS:

---

---

---

---