

## **INQUIRY FORM**

- ❖ COMPANY NAME: \_\_\_\_\_
- ❖ ADDRESS: \_\_\_\_\_ DISTRICT: \_\_\_\_\_
- ❖ CITY: \_\_\_\_\_ PIN CODE: \_\_\_\_\_
- ❖ CONTACT PERSON: \_\_\_\_\_
- ❖ DESIGNATION: \_\_\_\_\_
- ❖ TELEPHONE: \_\_\_\_\_
- ❖ FAX NO.: \_\_\_\_\_
- ❖ MOBILE NO. \_\_\_\_\_
- ❖ EMAIL-ID: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

## **TECHNICAL DETAILS**

- ❖ PRODUCT NAME: \_\_\_\_\_
- ❖ NATURE OF WASTE: \_\_\_\_\_
- ❖ TYPE OF INCINERATOR:
  - BIO MEDICAL WASTE INCINERATOR
  - SOLID WASTE INCINERATOR
  - LIQUID WASTE INCINERATOR
  - SEMISOLID WASTE INCINERATOR
  - COMBINED WASTE INCINERATOR
  - RADIOACTIVE WASTE INCINERATOR
  - ANY OTHER (*please specify*) \_\_\_\_\_
- ❖ BOD: \_\_\_\_\_ COD: \_\_\_\_\_ pH: \_\_\_\_\_ GRAVITY: \_\_\_\_\_
- ❖ DENSITY: \_\_\_\_\_ kcal: \_\_\_\_\_
- ❖ SUSPENDED SOLID: \_\_\_\_\_

- ❖ TEMPERATURE OF WASTE: \_\_\_\_\_
- ❖ MATERIAL OF CONSTRUCTION (*if required any special*): \_\_\_\_\_
- ❖ SOIL CONDITION: \_\_\_\_\_
- ❖ AREA OF WORK: \_\_\_\_\_sq/mt
- ❖ FUEL AVAILABLE: \_\_\_\_\_
- ❖ TRAINING REQUIRED:
  - ONE DAY \_\_\_\_\_
  - TWO DAY \_\_\_\_\_
  - OR MORE \_\_\_\_\_
- ❖ OPERATION MODE:
  - AUTO \_\_\_\_\_
  - SEMI AUTO \_\_\_\_\_
  - MANUAL \_\_\_\_\_
  - SLC \_\_\_\_\_
  - PLC \_\_\_\_\_
- ❖ POWER AVAILABLE: \_\_\_\_\_ VOLTS \_\_\_\_\_ HP/KW
- ❖ DELIVERY REQUIREMENT: \_\_\_\_\_
- ❖ SAFETY DEVICE USED OR NOT: \_\_\_ YES \_\_\_ NO
- ❖ INCINERATOR OPERATION EXPERIENCE: \_\_\_ YES \_\_\_ NO

***we thank you for your co-operation and we will reply you soon.***