

Please take a printout, fill it completely & fax us to 22-67978171

Company's Name		
Address		
Contact Person		
Division	Telephones	Extn.
Fax	E-mail	
Please fill in the following Details,		
A	Details of the Machine : <input type="checkbox"/> Conventional <input type="checkbox"/> SPM <input type="checkbox"/> CNC	
	Horse Power :	
	RPM Range from	to (Max)
	Feed Rate Ranging from	to (mm/min)
	Is Coolant Available : Yes / No	What type of Coolant :
	Clamping System : <input type="checkbox"/> Conventional <input type="checkbox"/> Electro Mechanical <input type="checkbox"/> Pneumatic	
B	Operating Parameters Used with Present Tool :	
	Speed (rpm)	Feed (mm/min)
	Depth of Cut (mm)	
	Kind of Operation : Turning : <input type="checkbox"/> Straight <input type="checkbox"/> Stepped <input type="checkbox"/> Copy	
	Boring : <input type="checkbox"/> Through <input type="checkbox"/> Blind hole <input type="checkbox"/> Corner Plunge	
	Milling : <input type="checkbox"/> Rough <input type="checkbox"/> Finish	
	Grooving : <input type="checkbox"/> Plunge <input type="checkbox"/> Generated <input type="checkbox"/> Chamfering	
C	Details of the Component : <input type="checkbox"/> Ferrous <input type="checkbox"/> Non-ferrous <input type="checkbox"/> Composite <input type="checkbox"/> Others	
	Job Material Specification (Major) :	
	Does the job material contain : <input type="checkbox"/> Scale <input type="checkbox"/> Hard spots <input type="checkbox"/> Out of roundness	
	Is Pre-machining is done : Yes / No	
	Does the Machining have Interruption : Yes / No	
	Important Parameter : <input type="checkbox"/> Surface Finish <input type="checkbox"/> Tolerances <input type="checkbox"/> Material Removal <input type="checkbox"/> Tool Life	
	Surface finish Achieved : Required	
D	What type of Tool is Preferable ?	
	Brazed (type)	Insert (type)
	Are there any problems faced with the present tool : <input type="checkbox"/> Built up edge <input type="checkbox"/> Cratering	
	<input type="checkbox"/> Edge Chipping <input type="checkbox"/> Excessive edge wear <input type="checkbox"/> Rapid Flank wear <input type="checkbox"/> Thermal Damage	
E	Please provide the detailed tool drawings & if possible also the component drawings.	
	Please specify any particular problems, if any, related to component machining.	