



MTL/ FO/ 09

**NEW DELHI MUNICIPAL COUNCIL**

MATERIAL TESTING LABORATORY  
QUALITY CONTROL CELL  
VIDYUT BHAWAN, NEW DELHI

**CEMENT CONCRETE CUBES TEST**

1. Name of Work :-
2. Details from where sample is collected :-
3. Name of Division :-
4. Name of Executive Engineer :-
5. Name of Assistant Engineer :-
6. Name of Junior Engineer :-
7. Name of Agency :-
8. Date of Casting :-
9. Date of Testing :-
10. Age of Days :-
11. Mix/ Grading of Cement Concrete :-
12. Required Strength as per Agreement :-
13. No. of Specimens :-
14. Size of Specimens :-
15. Mark on Specimens :-
16. Remarks :-

Certified that the cubes of cements concrete have been taken in our presence which represent.....qty. of Concrete.

J.E. (Work)

Contractor

A.E. ( )

E.E. ( )

**RESULTS OF TEST**

Mark	Sr. No.	Wt. of the Specimen in Kgs	Load in KN	Days Compressive strength in N/ mm <sup>2</sup>	Average Strength in N/mm <sup>2</sup>
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				

The cubes were found in a state of Moist/Dry .....Conditions on testing.

**A.E. (Lab.)**

**E.E. (Q.C.& T.A.)-I**