



INDIAN INSTITUTE OF TECHNOLOGY INDORE

DISCIPLINE OF MECHANICAL ENGINEERING

ADVANCED MANUFACTURING PROCESSES (AMP) LAB

WORK REQUEST FORM

Date:

Sr. No.:

Name of the Requester: _____

Designation and Department / Section/ Institute: _____

Contact no. and Email ID: _____

Employee Code/ Roll Number: _____

Purpose: UG Teaching/ PG Research/ BTP/ Sponsored Project/ Consultancy/ other (Please specify): _____

DETAILS OF THE WORK REQUESTED

Sr. No.	Complete Description of work to be done (Please attach drawing, without drawing form will not accept)	Quantity	Remark
	(Attach separate sheet if required)		

DETAILS TO BE PROVIDED BY THE LAB STAFF

Details of the Operation:

S. No.	Name of the Machine(S)	Machine Operator(s) Assigned	Operating Cost (Rs./hr)	Total Time Required (In Hours)	Total Cost (Rs.)
				Total	

Details of the Consumables Required:

S. No.	Name and Details of the Consumables Required	Quantity Required	Total Estimated Cost (Rs.)
Total			

Signature of DM Lab, Name and Date: _____

INFORMATION TO BE PROVIDED BY THE REQUESTER**Important Note: Work can be affected by machine constraints, criticality of work, manpower availability and work queue.**

Signature of the Requester with Date: _____

Signature and Designation of the Recommending Authority with Date _____

Signature of the Faculty-in-Charge (AMP LAB) with Date: _____

Remark if any: _____

Machine Name	Operation time (in hr.)	Hourly charges	Total Amount	WRF Submission Date	Work Completion Date	Work Completed Successfully		
						Sign (Requester)	Sign (Operator)	Sign (DML)

Please transfer an amount of Rs. _____ in the account of AMP Lab.

Faculty-in-Charge (AMP LAB)

Rs. _____ credited in the account of AMP Lab.

HOD (Mechanical Engineering)