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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 Depar | tment / Section/ Institute: | | |
| Contact no. and Email I | D: | | |
| Employee Code/ Roll N | umber: | | |
| | / PG Research/ BTP/ Sponsored Project/ | • | ` |
| | DETAILS OF THE WORK REQUESTED |) | |
| | ption of work to be done (Please attach 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.) |
|-----------|---------------------------|------------------------------|-------------------------------|--------------------------------------|---------------------|
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| | | | | | |
| | | | | Total | |

| | <u> </u> | . No. Na | ame and D | etails of t Requir | he Consumat ed | | ntity Required | | timate (Rs.) | |
|--|----------|-------------|--------------|-----------------------|-------------------|----------------|----------------|---------------|-----------------|--|
| 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: Signature of the Faculty-in-Charge (AMP LAB) with Date: Remark if any: Date Operation Hourly Total Submission Completion Date (Requester) (Operator) (DMI (DMI (DMI (DMI (DMI (DMI (DMI (DMI | | | | | | | | | | |
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