 **Indian Institute of Technology Indore**

Discipline of Mechanical Engineering

**DST-FIST Center of Excellence in Gear Engineering (CEGE)**

|  |
| --- |
| **Sr. No.:** |

|  |
| --- |
| **Date:**  |

 **Work Request Form**

 **Name of the Requester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institute/ Department / Section/ Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact no. and Email ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roll Number/Employee Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:** UG Teaching/ PG Research/ PhD thesis work /BTP/ Sponsored Project/ Consultancy/ others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source of Funding**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Details of the Work Requested**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Complete Description of work to be done**(Providing details about work material, manufacturing process used, dimensions, surface roughness value, dimensional and geometric tolerance and drawing is MUST before proceeding the desired work) | **Quantity** | **Remark** |
|  | Work material: Dimensions:Hardness (approx.):Dimensional tolerance (µm):Any other relevant information which might be useful in completing the task: (Please use additional sheet for providing the drawing of the part) |  |  |

**Information to be provided by the Manager or Deputy Manager of CEGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Machine** (Please choose the intended machine for your work) | Operating Cost Including Available Essential Consumables **Excluding** Applicable Taxes (INR)(Please choose applicable category) | Name of the Lab Staff Assigned | Details and Cost of the Additional Tools and Consumables  | Estimated Total Time Required (Hours) | Estimated Total Cost (INR) |
| For students of IIT Indore | For other Academic and R and D Organizations | For Industries |
|  3D Surface Roughness Measuring-cum- Contour Tracing Equipment | 1,000 per sq. mm scanning area | 1,500 per sq. mm scanning area | 2,000 per sq. mm scanning area |  |  |  |  |
|  CNC WEDM\*  [SprintCut] | 1,000 per hr. | 1,250 per hr. | 1,500 per hr. |  |  |  |  |
|  Gear Noise and Vibration Analyzer | 1,000 per test | 1,500 per test | 2,000 per test |  |  |  |  |
|  Dual Flank  Roll Tester | 500 per test | 800 per test | 1,000 per test |  |  |  |  |
|  Straight Bevel  Gear Cutter@ | 800 per hr. | 1,000 per hr. | 1,200 per hr. |  |  |  |  |
|  Machinery Fault Simulator | 1,000 per hr. | 2,000 per hr. | 3,000 per hr. |  |  |  |  |
|  **Estimated Grand Total (INR)** |  |

*\* Has capability to machine inclined surfaces with inclination angle ± 30 degrees.*

**Important Note:** Completion of the r*equested work, actual operation time and actual cost can vary from the estimated time and estimated cost due to nature of work material, constraints on resources (power source, AC, breakage of tools or probes, internet, etc.), criticality of work, manpower availability, queue of previous requests, and machine downtime.*

**Name and Signature of Manager or Dy. Manager of CEGE with Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Requester with Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Designation of the Recommending Authority with Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks and Approval by the Coordinator, DST-FIST CEGE with Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the Work Done**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Request SubmissionDate | Work Completion Date  | Machine(s)Used | Actual Total Time(Hours) | Actual Total Cost (INR) | Signature of Requesterwith date | Signature of the Operatorwith date | Signature of Manager or Dy. Manager with date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total amount to be paid (INR)** |  |  |  |  |

Please pay **online** an amount of INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the ledger account of DST-FIST Center of Excellence in Gear Engineering (CEGE) in **Project and Consultancy account of IIT Indore** whose details are mentioned below:

Account Holder: **Registrar, IIT Indore**

Name and Branch of Bank: **Canara Bank, IIT Indore, Simrol Campus Branch**

Account Number: **1476101027440** Type: **Saving A/c**

IFSC Code: **CNRB0006223** SWIFT Code: **CNRBINBBISG**

**Coordinator, DST-FIST CEGE**

INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid online in the above-mentioned ledger account of DST-FIST Center of Excellence in Gear Engineering (CEGE) in **Project and Consultancy account of IIT Indore** project and consultancy account of IIT Indore. (attach printout of receipt with the form)

**Transaction ID and date of the online payment:**

**Signature of the requester with date:**

**Follow-up action by Manager or Dy. Manager, DST-FIST CEGE:**

**Confirmation of the receipt of the payment by R and D office:**