



**CENTRAL WORKSHOP(CWS)
INDIAN INSTITUTE OF TECHNOLOGY PALAKKAD
KERALA**

WORK REQUEST FORM

To be filled by concerned authority of users with Name, Signature, Seal and Phone No.

Department / Shops / Lab

Work Description (2 sets of drawings should be attached separately)

Quantity

This work is required for

1. Students projects	3. Sponsored projects
2. Dept. Maintenance	4. Others (Pls. specify)

If work is for IC&SR Sponsored project

Approval Number

Date

Note:

- 1) Materials and Drawings should be supplied along with the work request.
- 2) If Materials/Drawings are not provided in specified time, the job will be cancelled.
- 3) If specific tolerance/ allowance are not mentioned in the drawing, it will be considered as per ISI Standard.

Person to be contacted
for clarifications

Phone No

Signature of Guide/HOD

**Signature of faculty in
charge CWS**

If any special requirement like tool, accessories, etc. :

CWS use for processing work request:

Work Request No :		Received Date :	
Expected Delivery Date :		Completed Date :	

Process details for CWS use only

S. No	Process	Section	Start date/time	Finish date/time	Work carried out by (Tech.)

Inspected by (Signature with date and remarks):

Received by (Signature with date):

Workshop In-charge