



Central workshop
Indian Institute of Technology Madras, Chennai-600 036

WORK REQUEST FORM

To be filled by concerned authority of users with Signature, Name, Seal and phone no.

Department			
Work Description (Drawings should be attached separately)	Quantity		
This Work is required for	Students projects	Dept. Maintenance	Sponsored projects
If Work is for IC&SR Sponsored project	Approval Number		Date
Note: (1) Materials, Drawings should be supplied along with Work request. (2) If Materials/drawings are not provided in specified time, Job will be automatically cancelled. (3) If specific tolerance is not mentioned in the drawings, it will be treated as per ISI Standard.	Student name		
	Roll number		
	Phone Number (PABX)/Mobile number		
	Sign. of HOD/Guide with SEAL and date		

CWS use for processing work request:

Process details for CWS use only

Work request No.		Work category	I	II	III*
Received Date:		Expected Delivery Date			

S. No.	Process	Section	Started date/time	Finished date/time	Work carried out by (Tech./App.)
1					
2					
3					
4					
5					

Planning section coordinator

Shop/Section coordinator

Inspection by:

Signature:

Remarks:

Accepted/Rejected

Customer signature with date for acceptance and receipt of Job:

Senior Technical Officer

*STO approval is required for processing work request