

**Indian Institute of Technology Tirupati**  
**Yerpedu, Chittoor District 517619, A.P.**  
**Central Workshop**

<b>WORK REQUISITION FORM</b>			
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		Student Projects	Department Projects
If work is for Project / Sponsored Project		Project No	Date
<b>Note:</b>		Student name	
1) Materials, Drawings should be supplied along with Work request form. 2) If Materials/drawings are not provided in specified time, Work will be automatically cancelled. 3) If specific tolerance is not mentioned in the drawings, it will be treated as per ISI standards.		Roll Number	
		Mobile Number	
		E mail ID	
		Sign. of Faculty / Guide with Seal and date	

<b>Process Details (For Workshop Use only)</b>			
Work request No.		Work category	
Received Date:		Excepted Delivery Date	

S.No	Process	Section	Start Date	Completed Date	Work carried out by
1					
2					
3					
4					
5					

Recommended by

Approved by

Staff Incharge, CWS

Faculty Incharge, CWS

Inspected by:

Signature of Requestor Acceptance

Remarks if any: