 **आई सी एम आर - राष्ट्रीय पोषण संस्थान, हैदराबाद**

 **I C M R -National Institute of Nutrition, Hyderabad**

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| **Telephone Exchange Work Order Form** |
| 1 | Type of work:  | New Installation /  | Replacement /  | Shifting /  | Modification |  |
| 2 | Telephone No. |  | Room No.: |  | Building: |  |
| 3 | Details of work: |
|  |  |
|  |  | Signature of the Indentee |
|  |  |
| 4 | Date: |  |  | (Name in BLOCK Letters) |
|  |  |
|  |  | Signature of Officer/HoD |
| 5 | Work allotted to: |  |  |
| 6 | Work Completed on: |  |  |
|  | Signature of the Officer-in-charge |
|  |  |  | Telephone Department |
| 7 | The above-mentioned work has been completed satisfactorily |
| 8 | Date: |  | Signature of the Indentee |
| 9 | Job Card No.: |
| 10 | Date of intimation to AMC Agency: |
| 11 | Name of AMC Agency staff who attended the work: |
| 12 | Date of commencement of work |
| 13 | Date of completion: |
| 14 | Material used: |
| 15 | Scrap material returned to the Stores: |
| 16 | Signature of NIN Telephone Supervisor: |
| 17 | Officier-in-charge (NIN Telephone Department): |