



National University of Sciences & Technology

School of Mechanical & Manufacturing Engineering

Design & Manufacturing Resource Center

NUST Campus, H-12, Islamabad, Pakistan

WORK ORDER

W/O No: _____

Date: _____

Documents: _____

Material Provided By: _____

Project Title: _____

Project Descriptions: _____

Name of User: _____ Contact No: _____

S.No	Nature of work	Description / Specification	Qty	Section	Remarks

For Project / Faculty supervisor (Check List must Be filled by Faculty Supervisor)

Project Funding Status:	Mfg Drawing Verified & Attached : Yes <input type="checkbox"/>
Raw Material/Consumable:	Special Tooling:

Note: All above given information and manufacturing drawings has been Checked and found correct for manufacturing.

Faculty Initiator Name: _____ Sign: _____ Stamp: _____

HOD/ Principal Name: _____ Sign: _____ Stamp: _____

Remarks(MRC): _____ Approved (Principal SMME): _____

Disposal: _____ Total Work Hours: _____ Date of Closing: _____

- Note:**
- 1- Work will not be initiated Without approval of Principal SMME.
 - 2- Work will only be allowed if time slot is available with MRC.

Time Slot: _____ Available / Not Available

Sequence of Work (Lab Tech):

Certificate (By Section):

It is certified that the work to be done under this work order has been studied and is possible within the scope of the section/facilities in DMRC.

Section in charge Sign: 1) _____ 2) _____ 3) _____ 4) _____

Remarks:

Certificate of Non-Adherence

I, the undersigned request for work in MRC which falls in category of **Self-Work (SW) / Non Critical (NC) / Open Tolerances (OT)**.

I take full responsibility of any shortcoming in the work/ task for which MRC facilities will not be held responsible.

Date: _____

Signed: _____

Name: _____