

W/O No.

## National University of Sciences & Technology

School of Mechanical & Manufacturing Engineering
Design & Manufacturing Resource Center
NUST Campus, H-12, Islamabad, Pakistan

## **WORK ORDER**

Disposal:		Total Work Hours: _		Date of (	Closing:			
Remarks (N	/IRC):	Approved (I	Principal SMM	IE):				
HOD/Principal Name:		Sign:		_ Stamp: _				
Faculty Initiator Name:		Sign:		_ Stamp: _				
Note: The a	bove-mentioned information	n and drawings have been che	cked and found	correct for	manufacturing	<b>5</b> .		
	rial/Consumable:	I ±	al Tooling:					
Project Funding Status:		Mfg Drawing Verified & Attached: Yes No						
For Projec	ct / Faculty Supervisor (	Check-List must be filled b	y Faculty Supe	ervisor)				
		Specifica	tion	-	Name			
S.No	Nature of work	Project Description/		Qty W/Shop Remarks				
Drawing/D	ocument:	Material Provided By:						
Project Title								
School/Department:		Contact No:						
Name of User:		Regn No: UG/MS/PG Class/Section:						
W/O NO.		Date	=·					

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 possible within the scop			er has been studi	ed and is
Section In charge Sign:	1)2)	3)	4)	
Remarks:				
	Certificate of N	Non-Adherence	<u> </u>	
_	ed, request for wor		_	ory of
•	nsibility for any sho	_	work/task for w	hich
Date:		Signed:		·
		Name:		_