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

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

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| **Extension and Training Division - Printing Work Order Form** | | | | | | | | | | |
| 1 | **Work Order No.:** | |  | | |  | | | | |
|  | **Type of work order:** | |  | | |  | | | | |
| 2 | मुद्रण / Printing: | | | | |  | | |  |  |
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| 3 | डिजिटल रंग मुद्रण / Digital Colour Printing: | | | | |  | | |  |  |
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| 4 | कलर फोटो कॉपी / Colour Photo Copy: | | | | |  | | |  |  |
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| 5 | ओवरहेड प्रोजेक्टर फिल्म / OHP Film: | | | | |  | | |  |  |
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| 6 | साधारण/ सर्पिल जिल्दसाज़ी / Ordinary biding or Comb binding: | | | | | |  | |  |  |
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| 7 | लैमिनेशन / Lamination: | | | | |  | | |  |  |
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| 8 | कार्य का विवरण / Details of the work & प्रयोजन / Purpose : | | | | | | | | | |
|  |  | | | | | | | | | |
| 9 | पृष्ठों की संख्या / No. of Pages/ Copies: | | | |  | | | | | |
| 10 | कागज का परिमाण / Size of paper. A4 / A3 or any other specify: | | | | | |  | | | |
| 11 | टिप्पणी / **Note**: (1) For offsert printing, the material relating to paper should be provided. (2) For digital colour printing, the soft copy should be provided on CD/ DVD/ USB Pen drive. Proof should be checked by the indentee before requesting for printing. | | | | | | | | | |
|  | माँगकर्ता के हस्ताक्षर / Signature of the Indentee | | | | | | | | | |
|  |  | | | | | | | | | |
| 12 | Ext. No.: |  | | स्पष्ट अक्षरों में नाम / Name (in BLOCK letters) | | | | | | |
| 13 | तिथि / Date: |  | | विभागाध्यक्ष के हस्ताक्षर / Signature of the HoD | | | | | | |
| 14 | **प्रभारी अधिकारी की टिप्पणी, ई & टी विभाग / Remarks of the HoD, E & T Div.** | | | | | | | | | |
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| 15 | कार्य प्राप्त होने की तिथि / Work Received on date: | | | | |  | |  | | |
| 16 | कार्य पूर्ण करने की तिथि / Work Completed on date: | | | | |  | |  | | |
|  | माँगकर्ता के हस्ताक्षर / Sign of the Indentee | | | | | | | | | |