 **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): | | | | | | | | | | |