

INDIAN INSTITUTE OF TECHNOLOGY DELHI
GLASS BLOWING WORKSHOP
CENTRAL FACILITY
JOB CARD

TEL: No. 6513

Telephone No. _____
Department _____
User's Name _____
Designation: _____
Name of Supervisor/PI/CI _____

For Glass Blowing Workshop

Job Card No. _____
Date : _____

DESCRIPTION OF WORK: _____

DESCRIPTION OF MATERIAL

Material used by Glass Blowing Workshop for fabrication of job			Material provided by the Department		
S.No	Name of the item	Qty	S.No	Name of the item	Qty.

To Be Verified by Glass Blowing Workshop concerned _____

User's signature _____

Signature of Supervisor/PI/CI _____

Head of Deptt.

Coordinator, Glass Blowing Workshop

Name of the Operator:

Job Completed on _____

Job work done to my satisfaction and it is certified that the material mentioned in the above table has been consumed in completing the job work.

Signature: _____

Name _____

- Note:
1. Separate job card should be filled for each item .
 2. Drawing with clear dimensions should be attached with the job card .
 - 3 It must be ensured that old apparatus for repair is properly cleaned and dried before submission to Glass Blowing Workshop.