



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIN**  
NATIONAL INSTITUTE  
OF NUTRITION

**आई सी एम आर - राष्ट्रीय पोषण संस्थान, हैदराबाद**  
**I C M R -National Institute of Nutrition, Hyderabad**

### 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 Officer-in-charge (NIN Telephone Department):