

CENTRAL FABRICATION FACILITY



Date:

JOB REGISTRATION FORM (To be filled by the Customer)

Depa	artment:	Laboratory/Centre:								
	e of the Faculty/ ect Coordinator:	Name of the student/ project staff:								
Emai	l ID:	Email ID:								
Phon	ne no. :	Mobile No. :								
Type of Payment: € Department / € Project (No.:										
JOB DETAILS										
S.	Description				Quantity					
No.	(Drawings to be attach	ed separately)								
Signature & Name of the Head of the Lab/ Centre/Department/ Project Coordinator JOB PROCESSING RECORD (To be filled by CFF) Job Registration No. : Material received: If yes, as per details below: Yes / No										
Date	of receiving the Job :									
Expected date of delivery:										
S. No.	Process		Started date/time	Finished date/time	Sign. of Technician					

Signature of the CFF in-charge:



CENTRAL FABRICATION FACILITY



BILLING VOUCHER (To be filled by CFF)

Date of	receiving the Job :	E:	xpected date	of delivery:				
Job Reg	gistration No. :	D D	ate delivered	:				
Total an	nount due as per details below to b	pe paid to CFF	account by (strike out wh	ichever is no	ot applicable)		
Departn	nent of		/ Project n	10				
S. No.	Process			Rate	Quantity	Amount		
 Thank v	ou for using CFF! We wish to serv	ve you further!			Total*			
	re of the CFF in-charge:				Date:			
	tal greater than Rs.	prior a				cessary:		
Signature & Name of the forwarding faculty member:			Signature & Name of the Head of the Department/ Project Coordinator:					
Date:			Office Seal:					
CENTF	RAL FABRICATION FACILITY,	IIT MADRAS			PAYME	NT ADVICE		
				lty (HoD o		oordinator)		
	The total amount of Rs.	a	s per the de	etails provide	ed above m	ay kindly be		
approve	ed for crediting to the CFF account	in the Centre	for Industrial	Consultancy	& Sponsore	ed Research,		
IIT Madı	ras, to be debited from (please tick	the appropria	te box below	and provide	details as re	equired)		
€ Re	ecurring funds / € DDF of the I	Department of						
Signature & Name of the Sforwarding faculty member: F			Signature & Name of the Head of the Department:					
Date:			Office Seal:					
€ Pr	oject (no			\/ € R	MF (IIR No.			
)				wii (iii 140.			
Signatu	re & Name of the Coordinator/Faculty		Office Co!		Date:			