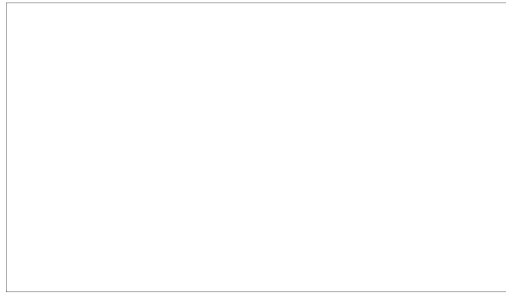


**DETAILS OF THE JOB/WORK/ASSISTANCE REQUIRED**

From

M/s. ....  
.....



To

The Deputy Director  
Common Facility Service Centre, Changanasseri  
Sir,

Sub:-Request for tool room assistance –reg.

I request you to allow the above said work/job/assistance in the tool room of your office

Name and Signature:

Designation:

Date:

MOB:

**File No.**

**WORK ORDER REPORT -2024-25**

Following machine operations are required to complete the above said work. Please collect Rs. ..../- as advance

Date:

Assistant Director (Tool Room)

**Advance collected Rs.**

TR.5 No.

Date:

Sel. Grade CA/ Cashier

**WORK COMPLETION REPORT**

The above mentioned work has been completed with the following machineries. Please collect service charge accordingly.

MACHINES USED	RATE	DURATI ON	CHARG E	MACHINES USED	RATE	DURATI ON	CHARG E
SHAPING MACHINE	<b>110</b>			SURFACE GRINDER	<b>152</b>		
PLAINING MACHINE	<b>120</b>			FLEXIBLE SHAFT GRINDER	<b>70</b>		
NH 26 HMT LATHE	<b>330</b>			CNC MILLING	<b>350</b>		
LATHE 6 FT	<b>200</b>			DRILLING MACHINE 1 1/2"	<b>43</b>		
RADIAL DRILLING MACHINE RM 62	<b>130</b>			HMT MILLING MACHINE	<b>182</b>		
WELDING MACHINE	<b>130</b>						
HACK SAW CUTTER	<b>75</b>						
¾ "DRILLING MACHINE	<b>80</b>						

**Machine Operator (CFSC)**

Verified by

**Assistant Director (Tool Room)**

**For Office use**

Total amount due Rs:

TR.5 No:

Advance collected Rs:

Date

Balance amount Rs:

**Sel. Grade CA**

**Office Manager**