

UNIVERSITY SCIENCE INSTRUMENTATION CENTRE (USIC)
GLASS BLOWING SECTION

JOB CARD

Date: _____

1. Name of the department / section :
2. Details of work requested :
3. Date of requisition :
4. Materials supplied (if any) :

Signature of the Director, USIC

Signature of the Intender

Signature of the Dean / HoD

Date of completion of the work

Details of work done & materials used

Equivalent worth of work (Rs)

Items received by _____

Signature of the Glass Blower, USIC