



SCHOOL OF CHEMICAL AND MATERIAL ENGINEERING

NUST, Sector H-12, Islamabad PAKISTAN

Mechanical Workshop

TESTING REQUEST FORM

Faculty

Students (BS / MS / Ph.D)

External

Name: _____ Registration #: _____

Dept. / Organization: _____ Contact #: _____

Email Address: _____

Project Title: _____

Project Supervisor Name: _____ Date: _____

Equipment to be Used:	Sample Description		Job Specifications
	No. of Samples	Sample Specification	
Lath Machine (facing, turning, Knurling)			
Milling Machine (Milling and Slotting)			
Drill Machine (1 to 14 mm Dia)			
Power Hex Saw			
Manual Hydraulic Press (12 Tons)			
Electric Hydraulic Press (5bar)			
Welding (TIG, SMAW & Gas Welding)			
Grinding and cutting			

For Official Use Only:

Session Booking Date:		Booking Time:	
Comments (if any)			

PROJECT SUPERVISOR*: _____
Signature and Stamp

HoD (Concerned Deptt.): _____
Initiating school / center if applicable

HoD (Materials Engg) **: : _____
Signature

Eqpt/Lab IN-CHARGE: _____
Signature

Analyst/Operator: _____
Signature

*Student's supervisor must address all safety aspects to student, related to work request.

**Student/ Individual, other than SCME, must come through proper channel.