

Form – III

**SRI KRISHNADEVARAYA UNIVERSITY::ANANTHAPURAMU
DEPARTMENT OF INSTRUMENTAION & USIC**



USIC JOB CARD

Date:

Name of the Instrument:

Nature of Job: Repair / Servicing / Installation:

Nature of Complaint :

Date of Examination :

Date of Spares Required :

Date of Spares supplied :

Date of Opening :

Duration of time :

Date of Closing :

Working status Description:

Satisfactory / Not Satisfactory:

Signature of the HOD
Concerned

Signature of
Technician

Signature of the HOD
USIC



**SRI KRISHNADEVARAYA UNIVERSITY::ANANTHAPURAMU
DEPARTMENT OF INSTRUMENTAION & USIC**

Department: _____

JOB Completion Certificate

This is to certify that Mr. _____

Technician USIC, S.K.University has attended repair work on _____

Instrument / Equipment _____ with Serial

No. _____ and after repair it is working satisfactorily.

Signature
Head of the Department