

DEPARTMENT OF ELECTRICAL ENGINEERING

I. I. T. KANPUR

Printed Circuit Board Fabrication Facility

Job Order for Making PCB

Tel. No. -7628



Job Order No. : _____

Date _____

Name of Indentor: _____

Tel. No. _____

Name of the Department : _____

Designation /Roll No. : _____

Nature of Project: B.Tech/M.Tech /Ph.D./Research/Lab. Development/Course.

Project No. if any : _____

Description of Circuit: _____

Size of PCB/Mask: _____

No. of PCB/Mask: _____

Job Requirements (Tick the items needed):

- | | | | | |
|--------------------|-------------------------|--------------------------|----------------------------|--------------------------|
| Photographic | : Camera /Contact Print | <input type="checkbox"/> | Photo plotting (GBR files) | <input type="checkbox"/> |
| | CNC Drilling | <input type="checkbox"/> | CNC Milling/Chemical Etch. | <input type="checkbox"/> |
| Microwave PCB | : Without Gold plating | <input type="checkbox"/> | Copper Plating | <input type="checkbox"/> |
| Solder Masking | : Top Layer | <input type="checkbox"/> | Bottom Layer | <input type="checkbox"/> |
| Legend Printing | : Top Layer | <input type="checkbox"/> | Bottom Layer | <input type="checkbox"/> |
| Copper Clad Sheet: | S.S.Paper Phenolic | <input type="checkbox"/> | D.S.Epoxy Non -PTH | <input type="checkbox"/> |
| | S.S.Epoxy | <input type="checkbox"/> | D.S.Epoxy PTH | <input type="checkbox"/> |

PCB Design File Name:

Multi-layer PCBs:

PCB File : _____

Four layers

DDB File : _____

Six layers

Laser Printout File : _____

Eight layers

Signature of Indentor

Signature of the Proj. Co-ordinator/
Investigator/Course Co-ordinator/
Head of the department.

Incharge PCB Facility.

Faculty Co-ordinator
PCB Fabrication Facility

Head EE/ACES
(For external & Chargeable Job)

Checked and received the above PCB from the Printed Circuits Board Fabrication Facility.

Signature of the Receiver.

Date : _____

For Sponsored Project /Research/Lab Development/Course.

Total Cost –Rs. _____

The amount of Rs.

may be transferred from Project No./Department _____

_____ to Project No. IITK/EE/2022556.

Head of the Department

Project Investigator

This is to declare that the PCB being ordered will / will not be used for a Sponsored Project.

Signature of Indentor (Faculty Supervisor for Student Indentors)