EDP Cell - Complaint Cum Service Report Form

EDP Cell - G T B HOSPITAL, GOVT OF NCT OF DELHI, DILSHAD GARDEN, SHAHDARA, DELHI 110095.

Complaint Cum Service Report Form - EDP Cell

Name of User: -		Designation		_	
Department/Section:				_	
Room No./Ward Number:	, Floor	, Building:			
Details of Machine: - Make	Турє	e			
Model:, Serial No.	:				
Nature of Complaint (Pl tick): Net	:working	Hardware	Software		
Time and date of Complaint subm	ission			_	
Brief Description of complaint:				-	
(Eg: computer not booting, UPS n		,	,	-	
Most convenient time and date for	or availability of use	er		_	
(Please provide at least two optio	ns of 30 Min time p	periods)			
User's contact Number:-				_	
Note: - Hard Disk related issue and rebackup the important data/file	eplacement may leades & applications prior	d to loss of data it is a retivity.	advisable for the user to		
			Signa	ıture	
Form may be downloaded from G	TB Hospital webpa	ge.			
Ext. Number of EDP Cell,Room 13	1,OPD Block: ph. 2	166)	(MOI/C Signat	:ure)	
For office use only					
Complaint registration no		Date		_	
	Date & time				
Nature of defect/Problem:-				_	
Renaired/Renairable time frame:					

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Machine warranty Status: Under Warranty / Under AMC/CMC/ Not in contract.

If not in warranty/contract (AMC/CMC)

Estimate of Repairs/Parts

Machine Serial No.	Faulty Part Description	Estimated Cost	Remarks		
Name	Signature		_ Date		
EDP Cell: MOI/C/	Programmer/ Asst Pro	grammer			
			Signature/Date	<u>e</u>	
	Cunation	ing Donort			
	runction	ing Report			
The complaint has been satisfactory attended and the machine is working now					
(Time: ,	Date://).			
		c	iignaturo:-		
			ignature:		
			Name:-		
		С	Pate:-		
Counter signature o	f EDP Cell staff				