

## SOBHASARIA GROUPS OF INSTITUTIONS, SIKAR

Computer/ IT Equipment Maintenance

Date:

Department /Block \_\_\_\_\_ User Name: \_\_\_\_\_

Nature of Problem (Detailed Description)

Signature of User: \_\_\_\_\_

Departmental HOD: \_\_\_\_\_

(Authorized Signature)

For Maintenance Cell Use

Problem Diagnosis: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Problem Resolved (YES/NO) \_\_\_\_\_

(System Analyst)

## SOBHASARIA GROUPS OF INSTITUTIONS, SIKAR

Computer/ IT Equipment Maintenance

Date:

Department /Block \_\_\_\_\_ User Name: \_\_\_\_\_

Nature of Problem (Detailed Description)

Signature of User: \_\_\_\_\_

Departmental HOD: \_\_\_\_\_

For Maintenance Cell Use

Problem Diagnosis: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Problem Resolved (YES/NO) \_\_\_\_\_

(Authorized Signature)

(System Analyst)