

GURU NANAK DEV ENGG. COLLEGE, LUDHIANA

Computer Center

Technical Support Service Form

Name of Department.....

Name of concerned staff member.....

Problem Description .....

System Details(If known): .....

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Complaint submitted on date.....Dispatch No.....

*(Signature of Concerned staff member)*

*(Signature of HOD/Section In-charge)*

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**(For Computer Center Staff Only)**

Complaint Given To.....Complaint No..... dt.....

*(Signature of Officer I/c Computer Center)*

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Action taken .....

Fault repaired on date.....

Details of fault.....

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*(Signature of Lab. Supdt)*

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Comments of concerned staff member (after repair)

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*(Signature of Concerned Staff Member)*