

FORM FOR COMPLIANT AND VERIFICATION REPORT FOR COMPUTERS AND ITS PERIPHERALS

<p align="center">IT CELL Engineer-in-Chief's Office, PWD</p>	<p>Complain No: _____</p>																
<p>To, Executive Engineer (I.T), Office of E-in-C, PWD</p> <p>Subj: Complaint</p> <p>Name _____ Dated _____</p> <p>Designation with Branch _____</p> <p>Computer/Machine ID No _____</p> <p>Reason of Complaint _____</p> <p align="right"><i>Signature :</i> _____</p>																	
<p>DETAILMENT</p>																	
<p>_____ is hereby detailed to verify the above complain no _____</p> <p>dated _____ and report within 24 hours to the undersigned.</p> <p><i>Dated</i> _____</p> <p align="right">(Er.LALNUNNEMA TOCHHAWNG) HRD MANAGER, Engineer-in-Chief's Office, PWD</p>																	
<p>VERIFICATION REPORT</p>																	
<p>Defect Report : _____</p> <p>Warranty/out of Warranty : _____</p>																	
<p>Condition and or/Special Instructions</p>	<p><i>Report by :</i> _____</p> <p><i>Dated :</i> _____</p>																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%; text-align: center;">Repair Information (to be filled up by AMC/Supplier)</th> <th style="width:30%; text-align: center;">Cost of Repair/Replace</th> </tr> </thead> <tbody> <tr> <td>Repair Warranty? <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Repair by Replacement Warranty? <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Service Charge Warranty? <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> <tr> <td>Name of Technician</td> <td>Total :</td> </tr> <tr> <td>Reports</td> <td></td> </tr> <tr> <td colspan="2">Dated : _____</td> </tr> </tbody> </table>		Repair Information (to be filled up by AMC/Supplier)	Cost of Repair/Replace	Repair Warranty? <input type="checkbox"/>		Repair by Replacement Warranty? <input type="checkbox"/>		Service Charge Warranty? <input type="checkbox"/>		Others		Name of Technician	Total :	Reports		Dated : _____	
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<p align="center">Received by Custodian</p> <p>Good Condition ? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Signature :</i> _____</p>																	