

Shri Mata Vaishno Devi University

Network Center Computer Maintenance Cell

Date:

Computer Replacement Form

Name of Employee: _____

Designation: _____

Department: _____

Phone No. and Ext. No. _____

Computer Brand/Model No. : _____

Purchase/Issued year _____

Fill Configuration Details:-

Status:- Working/ Not-Working

1. RAM _____
 2. Hard Disk _____
 3. Processor _____
 4. Monitor (TFT/LCD) _____
 5. Any other.....
-

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Employee

Signature of Dean/HoD/Section Head

Maintenance In-Charge, Network Centre

Inspection Report

1. Working/Serviceable/obsolete

2. If serviceable list of items needed to be replaced/repared

1 _____ 2 _____

3 _____ 4 _____

5 _____

Recommendations/Observation (If any): _____

Maintenance coordinator signature

Dated:

I/c Network Centre

for verification of date of purchase/year and necessary action, please

AR(S&P)