



# **School of Planning and Architecture , Bhopal**

## **MAINTENANCE REQUEST FORM**

Date

To,

System Administrator  
Data center/computer center  
School of Planning & Architecture, Bhopal

Sir,

New / Repair / Maintenance / Replacement are required in locations as mentioned below:-

Item Name/Nature of Problem	Location	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Head of the Department HOD Signature</b>		<input type="text"/>
		<input type="text"/>

### **For Office Use only**

Under Warranty Or AMC

<input type="text"/>
<input type="text"/>
<input type="text"/>

Call Open Date

CPDA Yes/No

Name of Service Provider

Call Handled By

Diagnosis

Action Taken

<b>A</b>	<b>C</b>
<b>Technical Person Signature</b>	<b>Technical Person Signature</b>

System Administrator Remark

User Remark

<b>B</b>	<b>D</b>
<b>System Administrator Signature</b>	<b>System Administrator Signature</b>
<b>Call Close Date</b>	
<b>User Signature</b>	
<b>Technical Person Signature</b>	
<b>System Administrator Signature</b>	