



CSIR - CROPS RESEARCH INSTITUTE

REPAIRS AND MAINTENANCE OF OFFICE EQUIPMENT

REQUEST FORM

1. FROM: Head of Division:..... TO: Head, Estate Division/Section

(To be completed by Head of Division)

Type of Equipment (Please tick appropriate box)

Air Condition

Printer

Fridge

Telephone

Computer

Furniture

Photocopier

Filing Cabinet

UPS

Others

Serial No.:..... Room Location (Rm. No.) (Block):.....

Brief Description of Fault:.....

.....

Name of Head of Division:..... Signature:.....

Date:.....

2. (To be completed by Head of Estate Division/Section)

Equipment Inspected on:..... Inspected by:.....

Description of Fault:.....

Estimated cost of repairs:.....

.....

Recommended by:..... Date:.....

(Head, Estate Division/Section)

3. (To be completed by Head of Administration)

Approved/Not Approved for repairs..... Date.....
(Head of Administration)

4. (To be completed by Head, Estate Division/Section/ Storekeeper)

Equipment sent to:..... Date:.....

Waybill issued by:..... Waybill No.;..... Date:.....

Equipment returned on:..... Received:.....

5. (To be completed by Head, Estate Division/Section & User)

Certified to be in good condition by:

(1) (2)
(Head, Maintenance Section) (User)

Invoice Recommended for Payment by:.....
(Head, Estate Division/Section)

Approved by:.....
(Head of Administration/Institute Director)

Pre-Audited by:.....
(Internal Auditor)

General Comments:

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