



**Maintenance Form for IT Equipment**

1. Problem reported by:	Date:
a) Name ..... b) Designation..... c) Div ..... d) Problem Reported:	
<b>Information about Your PC / Machine</b>	
<input type="checkbox"/> Desktop	Manufacturer <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Laptop	User Password <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Printer	Model <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Photocopy Machine	Serial No <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Internet/Cctv	
2. Problem Diagnosed:	
Name:  Division:  Signature:	
3. Recommendations Submitted for Approval:	Date:
<div style="text-align: center;">             General Manager/Regional Manager           </div>	