

# Maintenance Request Form

Electrical  Carpenter  Plumber  AC  ICT  (Tick as applicable)

Date: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Student  Caretaker  Faculty  Any other  (Tick as applicable)

Contact No: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Roll No/ ID card No: \_\_\_\_\_

Sr No	Campus/ Sector No.	Room/Block No.	Complaint Details	Nature of Complaint

Description of Complaint: \_\_\_\_\_

Signature of Complainant

Certified by Caretaker /Warden/Faculty

**(For office use)**

Complaint Recd. by: \_\_\_\_\_

Regd. Sr. No/Date: \_\_\_\_\_

Complaint Solved on Dtd: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Order for Filing: \_\_\_\_\_

**(Declaration)**

I hereby confirm that the above complaint has been satisfactorily resolved.

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_