

**ANNEXURE - III**

Name of Office:

Name of Branch:

1	2	3	4	5	6	7	8	9	10	11
Name of item under failure	Nature of fault	Date & Time of booking of Complaint	Signature of officer incharge of defective equipment	Date & Time of attending of complaint	Service engineer name who attends to the complaint	Diagnosis made	Date on which complaint is completed	Signature of officer incharge of the corrected equipment duly certifying that working fine & call is complete	Signature of Service engineer name who completed the complaint duly certifying that equipment is working fine in all aspects	Downtime in days (Col.8-5+3))

**Post Office details:**

User Name  
Designation

**Officer Incharge**

Name  
Designation  
Signature

**AMC Vendor details**

Name  
Organisation  
Signature

**Date Stamp of Office:**