



Sri Devaraj Urs Educational Trust (R.)  
**R. L. JALAPPA INSTITUTE OF TECHNOLOGY**  
 (Approved by AICTE, New Delhi & Affiliated to VTU, Belagavi)  
 Kodigehalli, Doddaballapur- 561 203



### Computer & Printer Service Form

Name of the Institution:

Name of the Department:

Date:

<i><b>Complaint Site</b></i>	<i><b>Service Report</b></i>
<p>Lab. Name &amp; Room No : _____</p> <p>Name of Staff : _____</p> <p>Staff's Contact No. : _____</p> <p>Nature of Compliant (Please Tick &amp; Explain Briefly)</p> <p><input type="checkbox"/> SMPS:</p> <p><input type="checkbox"/> CPU On/Off Compliant:</p> <p><input type="checkbox"/> Monitor Display:</p> <p><input type="checkbox"/> Monitor Power On/Off:</p> <p><input type="checkbox"/> Hard Disk Problem (Not): <input type="checkbox"/></p> <p>Software Issues : _____</p>	<p style="text-align: center;"><u><b>Printer</b></u></p> <p>Paper jam:</p> <p>Paper Pickup Problem:</p> <p>Cartridge Problem:</p> <p>Toner Refilling:</p> <p>Last Refilling Date: _____</p> <p>Power Issue:</p> <p>No. Of Copies taken since last refill:</p> <p>Computer : _____, Printer &amp; Toner : <input type="checkbox"/></p> <p>Others :</p>
<p><u><b>Computer &amp; Printer Details</b></u></p> <p>Make /Model: _____</p> <p>Date of Purchase : _____</p> <p>Warranty : <b>Yes / No</b></p>	<p><u><b>Service Report</b></u></p> <p>Clean Lines:</p> <p>Keyboard: Yes / No</p> <p>Monitor: Yes / No</p> <p>CPU : Yes / No</p> <p>Printer : Yes / No</p>
<p><b>Forwarded</b></p> <p><b>Staff Signature</b> _____</p> <p><b>HOD</b></p> <p><b>Submitted to</b></p> <p><b>Principal</b></p>	<p><b>Service Completed</b></p> <p><b>Staff In-Charge</b> _____</p> <p><b>HOD</b></p>

**Requirement list**

**Submitted to the Principal for kind approval**

