



**Repair & Maintenance Request Form**

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

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Contact No. \_\_\_\_\_

Block/Location: \_\_\_\_\_

**Work Type:**

- |               |                          |               |                          |
|---------------|--------------------------|---------------|--------------------------|
| 1. Electrical | <input type="checkbox"/> | 2. Carpentry  | <input type="checkbox"/> |
| 3. Plumbing   | <input type="checkbox"/> | 4. Civil Work | <input type="checkbox"/> |
| 5. Others.    | <input type="checkbox"/> | -----         |                          |

**Description of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommended / Not Recommended**

\_\_\_\_\_

HOD/Section Head Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**For Office Use**

Duty Assigned To: \_\_\_\_\_

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

Time: \_\_\_\_\_

**Feedback of complainant.**

- |                 |                          |
|-----------------|--------------------------|
| 1. Satisfied    | <input type="checkbox"/> |
| 2. Un-Satisfied | <input type="checkbox"/> |

Signature Complainant: \_\_\_\_\_

Signature  
In-charge Repair & Maintenance