**Government College of Engineering, Amravati**

(An Autonomous Institute of Government of Maharashtra)

**Maintenance / Repair / Refill Requisition Form**

Date:

Name of Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Concerned Faculty / Staff : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **S.N** | **Maintenance / Repair / Refill** | **Complaint Description** | **Department Room No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Name and Sign of HOD

Concerned Faculty / Staff Department:

**Government College of Engineering, Amravati**

(An Autonomous Institute of Government of Maharashtra)

**Maintenance / Repair / Refill Requisition Form**

Date:

**To,**

**The Maintenance In-charge**

**CSE Department**

**GCOE Amravati**

**Work Completion Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.N** | **Complaint Description** | **Issue resolved by**  **Name & Sign of Technical Person** | **Date of Issue resolved** | **Sign of Concerned Faculty / Staff** | **Remark**  **(Optional)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

HOD

Department