

TECHNICAL SERVICE REPORT No. **1459697-A** DATE: **09/02/2023**

CUSTOMER DETAILS		INSTRUMENT DETAILS		SERVICE STATUS																			
NAME: Pathkivil Labz		MODEL: Easylyte Plus		<input type="checkbox"/> WARRANTY <input type="checkbox"/> R&R <input checked="" type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> CHARGED CALL																			
ADDRESS: mau		SR. NO.: 59845CNKC		TYPE OF CALL <input type="checkbox"/> INSTALLATION <input checked="" type="checkbox"/> PM VISIT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> APPLICATION SUPPORT <input type="checkbox"/> BREAKDOWN																			
		CALL DETAILS <table border="1"> <thead> <tr> <th></th> <th>DATE</th> <th>TIME</th> </tr> </thead> <tbody> <tr> <td>COMPLAINT RECD.</td> <td></td> <td></td> </tr> <tr> <td>RESPONSE</td> <td></td> <td></td> </tr> <tr> <td>JOB COMPLETED</td> <td></td> <td></td> </tr> <tr> <td>RESPONSE TIME</td> <td></td> <td></td> </tr> <tr> <td>TRAVEL TIME</td> <td></td> <td></td> </tr> </tbody> </table>			DATE	TIME	COMPLAINT RECD.			RESPONSE			JOB COMPLETED			RESPONSE TIME			TRAVEL TIME			DOWN TIME : COUNTER READING :	
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TEL NO :		JOB COMPLETED		DOWN TIME :																			
NAME OF THE OPERATOR :		RESPONSE TIME		COUNTER READING :																			
NAME OF THE OPERATOR :		TRAVEL TIME		COUNTER READING :																			
PROBLEM REPORTED: Due for PM																							
OBSERVATIONS:																							
ACTION TAKEN: Done PM as per Guidance, Clean Electrode, clean tubing Done. X-ray check AC found OK																							
SITE CONDITION : LINE-NEUTRAL VOLT. : <input type="checkbox"/> NEUTRAL-EARTH VOLT. : <input type="checkbox"/> LINE-EARTH VOLT. : <input checked="" type="checkbox"/>																							
BRAND OF REAGENT USED :				TO BE FILLED IN BY CUSTOMER <input type="checkbox"/> PREVENTIVE MAINTENANCE CARRIED OUT SATISFACTORILY. <input type="checkbox"/> FAULT RECTIFIED & INSTRUMENT IS WORKING SATISFACTORILY. <input type="checkbox"/> WE HEREBY APPROVE RS. _____ FOR PARTS <input type="checkbox"/> COMMENTS (IF ANY) :																			
<input type="checkbox"/> FOLLOWING PARTS HAVE BEEN REPLACED <input checked="" type="checkbox"/> FOLLOWING PARTS NEED TO BE REPLACED. PLEASE APPROVE				SEAL DATE 9/2/23 CUSTOMER'S SIGNATURE NAME: [Signature]																			
<table border="1"> <thead> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>QTY.</th> <th>COST</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td></td> <td>No. electrode</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL Rs.</td> </tr> </tbody> </table>						NO.	DESCRIPTION	QTY.	COST	TOTAL		No. electrode				TOTAL Rs.							
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INVOICE NO. :		DATE :		BRANCH H. O.																			
FOLLOW-UP ACTION (Required if any) :				RECEIVED ON :																			
				CHECKED BY :																			
ENGINEER'S/APPLICATION SPECIALIST'S SIGNATURE : [Signature]				JOB CARD NO. :																			
TIME :		NAME : Ankit Singh																					
NOTE : Parts replaced are chargeable except during warranty Period. Consumables like printer head, lamp, tubing, paper rolls etc. & breakable parts are not covered by warranty and hence are chargeable. Parts replaced due to negligence in operation will also be charged in every case.																							
AT TRANSASIA, CUSTOMER SATISFACTION IS OUR PRIME CONCERN. IN CASE YOU HAVE ANY SUGGESTIONS PLEASE CONTACT : GENERAL MANAGER (TECHNICAL SERVICE), MUMBAI. TEL. : 4030 9000																							

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