## **TRANSINDIA CALIBRATION SERVICES P LTD**

## 763/19, KTC NAGAR,

KULASEKARAPATTI, TIRUNELVELI

PHONE 04633 251998

TAMILNADU, INDIA-627806.

CIN:U33309TN2016PTC112165

MOBILE: +91 9500113759, +91 72000 04781 E-Mail:transindiacalibration@gmail.com

| INSTALLATION / SERVICE REPORT                               |                    |                |                             |               |             |  |
|---|--------------------|----------------|-----------------------------|---------------|-------------|--|
| HOSPITAL NAME PRIMARY HEALTH                                |                    |                | DATE :                      |               | JOB NO :    |  |
| CENTRE, VADAPONPARAI,<br>KALLAKURICHI DT, TN.               |                    | 14.10.2022     |                             | 016           |             |  |
| ADDRESS & PHON  | ADDRESS & PHONE NO |                | SERVICE ENGINEER NAME :     |               |             |  |
| VADAPONPARAI.   |                    |                | MOORTHY                     |               |             |  |
| KALLAKURICHI I<br>CONTACT PERSO                             | DI, IN.            | 0.             |                             |               |             |  |
| CONTACT NO :  |                    | æ              |                             |               |             |  |
| EQUIPMENT LOC.  | ATION :            | NAME OF EQU    | JIPMENT : EQUIPMENT MODEL / |               |             |  |
| PHC   |                    | Pipette        | CNI-                        |               | 5041        |  |
| SERVICE TYPE  | INSTALL            | ATION / PREVEN | TIVE MAINT                  | ENANCE / BREA | K DOWN CALL |  |
| WARRANTY STATUS WARRANTY / OUT OF WARRANTY / CMC / AMC / MM |                    |                | AMC / MMC                   |               |             |  |
| PROBLEM REPORTED  |                    |                |                             |               |             |  |
|   |                    | f              | Amc                         |               |             |  |
| PROBLEM DIAGN   | OSED :             |                |                             |               |             |  |
| PM Due  |                    |                |                             |               |             |  |
| ACTION TAKEN :  |                    |                |                             |               |             |  |
| PM Done & reading<br>Verified                               |                    |                |                             |               |             |  |
| Verred  |                    |                |                             |               |             |  |
| REMARKS :   |                    |                |                             | JOB CO        | MPLETED     |  |
|   |                    |                |                             | YES           | i NO        |  |
| PARTS REPLAC  | EMENT              | DETAILS:       |                             |               |             |  |

| NEW PART NO | OLD PART NO. | QUANTITY | PART NAME                | S.No |
|-------------|--------------|----------|--------------------------|------|
|             |              |          |                          |      |
|             |              |          |                          |      |
|             |              |          |                          |      |
|             |              |          |                          |      |
|             |              |          |                          |      |
|             |              |          | the second second second |      |
|             | ENODIEEDIC   |          | MADKS & SIGN WIT         |      |

CLINT REMARKS & SIGN WITH SEAL

ENGINEER'S SIGNATURE

