

Trivitron HealthCare Pvt. Ltd.,

No.15, IVth Street, Abhiramapuram, Chennai - 600 018.

Ph:+91-44-24985050 Fax: +91-44-24985757

E-mail: groupmarketing@trivirton.com

Web : www.trivitron.com

Corporate Identity Number : U85110TN1998PTC0515

INSTALLATION REPORT

Customer/Hospital Name :			Department :			Ke	Key Contact Person: Dr. RAICS HA YOGANAN			
ESIC Model,			Miceo Biology Dept			1 Me	Mobile #: 80 500 8-1 893.			
Hospital						245	E-mail ID:			
Address: Ray : Nagon, Bangalore					Biomedical/Technician:			:		
capy! Tustor,				Sougalore			Mobile #:			
City: Borgalove Distri				rict: Bargalore			E-mail ID:			
Pin code: 560010 State: toward					Q _Q					
		T	oment Name : ELISA WASHER			Model: LD× W1				
CRM Call Ref#: 5 5 2 15 Date: 26 09 2022							Catalogue No.:			
1 1 222 1			Manufacturer: LABSYSTEM				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			Installation Date: 16 11 24 22			1	Sold Through Dealer:			
Software Version :			Warranty Start Date 5 11 2012				Contact Person:			
Running Hours: Warranty End Date: \\(\frac{\pi}{\pi}\)\(\frac{\pi}{\pi										
No.	Cat. No.	al No.	Description				1	Quantity		
	Juli 110. Julia			Description of the second of t			ion Quantity			
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	124									
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To be filled by Engineer during Installation										
Room Temp (18 - 24 °C): Dedicated/Shared UPS with Extnl/Intnl Battery:										
Voltage Stabilizer:							tage Fluctuations (if any): Oo			
Remarks if any on Reagents/Kits/Cleaning Solutions:										
Engineer Remarks (if any): Customer's Remarks: Cu										
Engineer Re	1		Customer's	Remarks	:	ana logar	d HOD inlogy			
The time of w										
Installation of the equipment has been carried out after all pre installation requirement s has been fulfilled, Instrument is in									MH soluru-10	
	Wor Airp	di	HE-			1	वाकायाताना विकास	PGIMSR 0	ar; Benge	
nstallation of t	he equipmenthas	been can	ried out a	after all pre	I Acknowledg	re and acc	ent that the equipme	Rajajiii	hoon installed	
nstallation requ	uirement s hals bed	en fulfilled	d, Instrui	ment is in	as per the spe	ecifications	in the purchase/Er	nail ord	er Dated .	
good working o Note: please a	attach Equipment	PO, Cusi	tomer D	ocuments	over in good s	accept tha	t the equipment is in	stalled a	and handed	
Signature: Seal and Signature: Ox Palciba Yac ANANA										
Engineer Nar Designation:	och V		Customer Name: Designation: Response Enop Municipular							
The same	Sewice J	sylved	4		Designation		137-			
IRIVIT	KON			,	***	* Tann	Tan der		CONNECT US	
Speaking your language LABSYSTEMS DIAGNOSTICS LABSYSTEMS LABSYS										
4x7 Customer S	upport +91 98400 80	8000		speaking your language		speaking	Empowering P	-opie	7 3 IN 6	