



**IT Support Form**

Dated:

Problem Details (PC/Laptop/Printer/Projector/Internet Connection etc.)	Quantity	Remarks

<b>Checked &amp; Submitted by-</b>  (Name & Designation of Sr. Lab Technician/ Lab Technician/ Attendance) Dept. of .....	<b>Forwarded by-</b>  Chairman Dept. of .....
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<b>Verified by-</b>  (Name & Designation of Engineer/Technician) <b>Information Technology Division</b>	<b>Recommended by-</b>  Director (In-charge) <b>Information Technology Division</b>
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