



**PERFORMA FOR INSTALLATION/ DEMONSTRATION/ SERVICE/REPAIR OF MACHINERY AND EQUIPMENTS**

Name of Lab:	
Name of supplier/manufacturer firm:	
Name and designation of technical representative(s):	
Contact number/email address :	
Date of visit:	
Nature of visit/ reason for visit (tick the suitable):	<input type="checkbox"/> Installation <input type="checkbox"/> Demonstration <input type="checkbox"/> Service <input type="checkbox"/> Repair <input type="checkbox"/> AMC

**Details of machinery equipment installed/ demonstrated/serviced/repaired/ checked etc.**

S.No	Name, model, serial number of Equipment/ machineries (Mention accessories also, if any)	Date of purchase	Under warrant (yes or no)	Detected Problem/ Issue/ current status	Status after visit/action taken	Visit charges/ Incurred cost (if any)

Additional remarks by Technical Representative:	Signature of Technical Representative (with date):
Comments/ remarks by Lab Technician/ Staff:	Signature of Lab Technician/ Staff (with date):
Comments/remarks by Faculty Lab Incharge:	Signature of Faculty Lab Incharge (with date):
Signature of Head/OIC of Dept. of Civil Engineering (with date)	