

SHRI G.S. INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE
CWN MAINTENANCE

Date: _____ Time: _____

Department Name: _____

Sr. No.	Details of Problem/Complaint	Exact location of problem reported

Signature of HOD

Signature of Member

For CNW use:

Problem Identified : _____

Material required, if any : 1) _____

2) _____

3) _____

Signature of Network Engineer

Report of CNW I/C (If, any) : _____

STATUS OF REPORTED PROBLEM

The above complaint is attended and resolved on Date _____ Time _____.

Remarks (if any): _____

Signature & Seal of Deptt.