Date:

(Please fill in this form separately for each instrument)

Received by:

or office use		
ob No:		

CENTRE FOR INSTRUMENTATION SERVICES

(TERTIARY EDUCATION COMMISSION)

Request for Repairs Form (IT Equipment)

FOR OFFICE USE ONLY			
Signature of Contact Person	Signature of Head of Department		
vialiuals: Number sent	Details		
CDs : Number sent Vanuals: Number sent	Details		
Keyboard Power Cable (PC)	Printer Cable		
Monitor Mouse	Power Cable (monitor)		
Please send printer driver (CD) and manual together with a Please tick appropriately the accessories sent with the abo			
Only the licensed copy of operating system is being pr			
The copy of licensed software already at CIS.			
All licensed software required for installation are being provided along with computers/laptops.			
Please tick as appropriate in case of formatting/virus scan	- non-ideal alana with somewhere //a at a re-		
aulty since when:	Is equipment under warranty? Yes/No		
sher description of problem.			
Equipment :	S/N:		
Jser's Name:			
Department:			
nstitution:	Date:		