

**NORTH MAHARASHTRA UNIVERSITY, JALGAON.**

Machine Make/Model :  
(HP/HCL/ACER/IBM)

Date:

Location No.:

Name of Department :

Concern person:

Nature of Problem:

Sign.of concern person:

**For AMC office use only**

**Complent No. :**

Remark :

**OK / INCOMPLETE**

**Call attended by :**

Date:

Time:

Sign.of concern person:

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