

# CCCML

## COMPUTER CONTROL & MAINTENACE LABORATORY

NIBGE, P.O. BOX # 577 JHANG ROAD, FAISALABAD

Division /Branch \_\_\_\_\_ Phone No \_\_\_\_\_

Name of equipment \_\_\_\_\_ Date \_\_\_\_\_

Description of apparent fault/symptoms \_\_\_\_\_

Job Priority (Normal/Urgent/Emergency)

Justification, if required urgent/emergency \_\_\_\_\_

\_\_\_\_\_  
Indentor's Signature

\_\_\_\_\_  
Head's Signature

\_\_\_\_\_  
Indentor's Name and Designation

Job No. \_\_\_\_\_ Dated \_\_\_\_\_

Diagnostic Report \_\_\_\_\_

Material required/used for the job:

<u>Sr.No.</u>	<u>Description</u>	<u>Quantity</u>	<u>Remarks</u>
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Job completed satisfactory and received.

\_\_\_\_\_  
Indentor's Signature

Dated \_\_\_\_\_

The job can not be undertaken due to the following reasons.

\_\_\_\_\_  
Indentor's Signature

Dated \_\_\_\_\_

\_\_\_\_\_  
Incharge CCML