



Dr. Vithalrao Vikhe Patil Foundation's

Dr. Vikhe Patil Memorial Hospital, Ahmednagar

Vilad Ghat, Ahmednagar. ☎ : (0241) 2778042, 2777059.

Medical College	College of Physiotherapy	Institute of Nursing Education	Hospital
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Maintenance Call Form

Outward No:- **2412**

Date: **3 / 08 / 2022**

Time:

Name of the Faculty/ Staff/ Concerned User: - Khile P.M.

Designation :- Asst. Librarian Department:- Library Location of Complaint:- Girls wash room

Description of Expected Maintenance / Repair Work: - दरवाजा खोलने के लिए मशीन की आवश्यकता है

मशीन का मरामत कराना (B 3152 मशीन)

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff

HOD

Principal

Administrative Officer

For Office Use

Outward No:-

Date: **3 / 8 / 2022**

Time:

1) Job allotted to the Engineer / Technician (Name): Shri. Kh. S. Khule

Mobile No: 9 8 8 1 1 6 1 9 9 9

2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable
<input checked="" type="checkbox"/>				

Time required to solve Complaint: - 1 Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD

Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Signature of HOD



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Maintenance Call Form

Outward No:- **2413**

Date: 20/9/22

Time:

Name of the Faculty/ Staff/ Concerned User: - Mrs. Khile P.M.

Designation :- Asst Librarian Department:- Library Location of Complaint:- 4th year BPT

Description of Expected Maintenance / Repair Work: - LCD Projector cable change
बाय प्रोजेक्टर काबल

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff

HOD

Principal

Administrative Officer

For Office Use

Outward No:-

Date: / /

Time:

1) Job allotted to the Engineer / Technician (Name): Mr. Shaleroo

Mobile No:

2) Call Verification Details: Replace cable with long connector

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD

Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: -



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Maintenance Call Form

Outward No:- **2403**

Date: 31/12/2021

Time:

Name of the Faculty/ Staff/ Concerned User: - Dr. Archana Nagargoje

Designation :- Asst. Prof. Department:- CVRS Location of Complaint:- CVRS Lab.

Description of Expected Maintenance / Repair Work: - IPF pump and is not working properly

Call Related to: Civil Electrical Computer Biomedical

Archana
Sign. of Faculty / Staff

Archana
HOD

Principal

Archana
Administrative Officer

For Office Use

Outward No:-

Date: / /

Time:

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

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2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD



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Maintenance Call Form

Outward No:- **2404**

Date: 31/12/2021

Time:

Name of the Faculty/ Staff/ Concerned User: - Dr. Archana Nagaokar

Designation :- Asst. Prof. Department:- CVRS Location of Complaint:- CVRS Lab.

Description of Expected Maintenance / Repair Work: - MIP / MEP, Pressure gauge

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff Archana HOD for Principal Administrative Officer

For Office Use

Outward No:-

Date: / /

Time:

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

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2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____



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Maintenance Call Form

Outward No:- **2405**

Date: 31/01/2022

Time:

Name of the Faculty/ Staff/ Concerned User: - Khile P. M.

Designation :- Asst. Librarian Department:- Library Location of Complaint:- Cardiac CBR dept.

Description of Expected Maintenance / Repair Work: - Wire cut 420 1200/1200

Call Related to: Civil Electrical Computer Biomedical

Khile
Sign. of Faculty / Staff

HOD

Khile
Principal

Khile
Administrative Officer

For Office Use

Outward No:-

Date: 01/02/2022

Time: 2:45 PM

1) Job allotted to the Engineer / Technician (Name): Shri Shirsath

Mobile No:

8	5	5	4	3	0	0	2	2	6
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2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
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Maintenance Call Form

Outward No:- **2406**

Date: 31 / 1 / 2022
Time:

Name of the Faculty/ Staff/ Concerned User: - Khile P.M.

Designation :- Asst Librarian Department:- Library Location of Complaint:- Pantry

Description of Expected Maintenance / Repair Work: - Electric Shagadi Repairing

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff Khile

HOD

Principal [Signature]

Administrative Officer

For Office Use

Outward No:-
Date: / /
Time:

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

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2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Maintenance Call Form

Outward No:- **2407**

Date: 26/4/2022

Time:

Name of the Faculty/ Staff/ Concerned User: - Dr. Archana Nagarkar

Designation :- Asst. P.H. Department:- CMS Location of Complaint:- 2nd year class room

Description of Expected Maintenance / Repair Work: - shifting of 11000 table

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff

HOD

Principal

Administrative Officer

For Office Use

Outward No:-

Date: / /

Time:

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
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Medical College	College of Physiotherapy <input checked="" type="checkbox"/>	Institute of Nursing Education	Hospital
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Maintenance Call Form

Outward No:- **2408**

Date: 24/05/22

Time:

Name of the Faculty/ Staff/ Concerned User: - Sayabapu B. Shewale

Designation :- Asst Prof. Department:- PT OPD Location of Complaint:-

Description of Expected Maintenance / Repair Work: - Repairing of treadmill (Bell)

Call Related to: Civil Electrical Computer Biomedical

Shewale
Sign. of Faculty / Staff

[Signature]
HOD

[Signature]
Principal

Administrative Officer

For Office Use

Outward No:-

Date: 24/5/22

Time:

1) Job allotted to the Engineer / Technician (Name): Mr. Jadhav Santosh

Mobile No:

2) Call Verification Details: Need to replace belt. we will give call to Aspitca sport Equipment, Khelco. It will take time

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	<input checked="" type="checkbox"/> Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

[Signature]
Signature of HOD

Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Maintenance Call Form

Outward No: **2409**

Date: **9 / 6 / 2022**
Time: _____

Name of the Faculty/ Staff/ Concerned User: - prashant Gaikwad

Designation: - DRIVER Department: - office Location of Complaint: - _____

Description of Expected Maintenance / Repair Work: - principal office Bathroom
job offer motor tublight offer motor

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff

HOD

Principal

Administrative Officer

For Office Use

Outward No:-

Date: / /

Time:

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Maintenance Call Form

Outward No:- **2410**

Date: 24/01/2022

Time:

Name of the Faculty/ Staff/ Concerned User: - Mrs. Kishu Abhijit Bhalerao

Designation :- Clerk Department:- CPT Study Section Location of Complaint:-

Description of Expected Maintenance / Repair Work: - cupboard door & partition repair & drawer.

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff AR HOD [Signature] Principal [Signature] Administrative Officer [Signature]

For Office Use

Outward No:-

Date: 24/01/2022

Time: 2:33 PM

1) Job allotted to the Engineer / Technician (Name): Shri. Shivraj S. D.

Mobile No:

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2) Call Verification Details: _____

Date of Verification: / /

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Maintenance Call Form

Outward No:- **2411**

Date: 7 / 7 / 2022

Time: _____

Name of the Faculty/ Staff/ Concerned User: - Sudhakar P. K.

Designation :- 12014 Department:- General Location of Complaint:- _____

Description of Expected Maintenance / Repair Work: - संगणक शांत अडॉरिफ

Call Related to: Civil Electrical Computer Biomedical

Sign. of Faculty / Staff HOD Principal Technical
Administrative Officer

For Office Use

Outward No:- _____

Date: / / _____

Time: _____

1) Job allotted to the Engineer / Technician (Name): _____

Mobile No:

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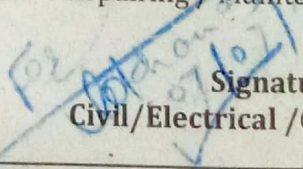
2) Call Verification Details: _____

Date of Verification: / / _____

Maintenance / Repair Work Status :-

Departmental Level	Outsource / External Service Agency	Warranty Guarantee	AMC CMC	Not Repairable

Time required to solve Complaint: - _____ Days Tentative Repairing / Maintenance Cost: - _____



Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical