



DVPMH/MRD/81
Dr. Vithalrao Vikhe Patil Foundation's

Dr. Vikhe Patil Memorial Hospital, Ahmednagar

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

Hospital Maintenance Call Form

Physiotherapy OPD

Outward No:- 3801

Date: 25/05/24

Time: 10:00 AM

Name of the Faculty/ Staff/ Concerned User: - Nida B. Sutar

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy OPD

Description of Expected Maintenance / Repair Work: - cleaning all window glass
(OPD मधील सर्व खिशी साफ करणे)

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

For Office Use

Outward No:-

Date: 27/05/24

Time: 11:00

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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Hospital Maintenance Call Form

Outward No:- **3802**

Date: **25/05/24**

Time: **10:05 AM**

Name of the Faculty/ Staff/ Concerned User:- Nita B. SURUS

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy OPD

Description of Expected Maintenance / Repair Work:- Bed room hanging - 4 slots

(3 slots in room, 1 slot in kitchen)

Call Related to: Civil

Electrical

Computer

Biomedical

ABSI
Sign. of Staff

ABSI
Departmental HOD

ABSI
Hospital Administration

For Office Use

Outward No:-

Date: **27/5/2024**

Time: **10:20**

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

Mobile No:

9	1	5	4	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
Civil/Electrical /Computer/Biomedical



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Hospital Maintenance Call Form

3803

Outward No:-

Date: 25/05/24

Time: 10:10 AM

Name of the Faculty/ Staff/ Concerned User: - Nita B. Sutpute

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy opd

Description of Expected Maintenance / Repair Work: - parallel bar cushion and screw

(कार्य करवावे) मरणासन्न मशीन मरणासन्न

Call Related to: Civil

Electrical

Computer

Biomedical

N. B. Sutpute
Sign. of Staff

[Signature]
Departmental HOD

[Signature]
Hospital Administration

For Office Use

Outward No:-

Date: 27/5/2024

Time: 10:30

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

Mobile No:

8	5	5	4	9	9	0	7	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
Civil/Electrical /Computer/Biomedical



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Hospital Maintenance Call Form

Outward No:- **3804**

Date: **25/05/24**

Time: **10:12 AM**

Name of the Faculty/ Staff/ Concerned User: - Nita B. Sutar

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy OPD

Description of Expected Maintenance / Repair Work: - debridge ~~ref~~ interior

(repair of ...)

Call Related to: Civil

Electrical

Computer

Biomedical

AB...
Sign. of Staff

for ...
Departmental HOD

13/11/24
Hospital Administration

For Office Use

Outward No:-

Date: **27/05/2024**

Time: **18:30**

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

Mobile No:

8	5	5	4	9	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
Civil/Electrical /Computer/Biomedical

Hospital Maintenance Call Form

Outward No:- **3805**

Date: **25/05/24**

Time: **10:20 AM**

Name of the Faculty/ Staff/ Concerned User: - **Nita B. Sulpate**

Designation :- **Staff** Department:- **physiotherapy** Location of Complaint:- **physiotherapy OPD**

Description of Expected Maintenance / Repair Work: - **laser machine cap holder repair and machine repainting**

Call Related to: Civil Electrical Computer Biomedical

AB Sulpate
Sign. of Staff

San. Dhad
Departmental HOD

H. S. Patil
Hospital Administration

For Office Use

Outward No:-

Date: **27/5/2024**

Time: **10:30 AM**

1) Job allotted to the Engineer / Technician (Name): **Shirshak S. D.**

Mobile No:

8	5	5	4	9	9	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: - _____

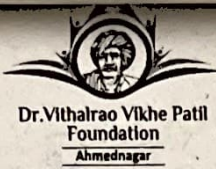
Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Hospital Maintenance Call Form

Outward No:- **3806**
Date: **4/06/24**
Time: **12:30pm**

Name of the Faculty/ Staff/ Concerned User: - **N. B. Surtius**

Designation :- **Staff** Department:- **physiotherapy** Location of Complaint:- **physiotherapy opd**

Description of Expected Maintenance / Repair Work: - **parallel bar repairing**

Call Related to: Civil Electrical Computer Biomedical

Abhinav
Sign. of Staff

for physio
Departmental HOD

A. S. J.
Hospital Administration

For Office Use

Outward No:-
Date: **05/06/24**
Time: **10:50**

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



Hospital Maintenance Call Form

Outward No:- **3807**
Date: **04/06/14**
Time: **10:30 AM**

Name of the Faculty/ Staff/ Concerned User: - N B. S. Patil

Designation :- Staff Department: Physiotherapy Location of Complaint: Physiotherapy 01D

Description of Expected Maintenance / Repair Work: - for split AC PMG-NCV

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff _____ Departmental HOD _____ Hospital Administration _____

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

Hospital Maintenance Call Form

Outward No:- **3808**

Date: **6/06/24**

Time: **11:51 AM**

Name of the Faculty/ Staff/ Concerned User: - N. B. Salpatis

Designation :- Staff Department: physiotherapy Location of Complaint: physiotherapy dept

Description of Expected Maintenance / Repair Work: - उपकरण कार्य करवावून घ्यावा.

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

For Office Use

Outward No:-

Date: **07/06/2024**

Time: **11:00**

1) Job allotted to the Engineer / Technician (Name): Engr. Shekhar Patil

Mobile No:

8	5	5	4	9	9	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

Civil/Electrical /Computer/Biomedical

Hospital Maintenance Call Form

Outward No:- **3809**
Date: **7/06/24**
Time: **10:18 AM**

Name of the Faculty/ Staff/ Concerned User: - N. B. Sulpur

Designation :- Staff Department: Physiotherapy Location of Complaint: Physiotherapy OPD

Description of Expected Maintenance / Repair Work: - बॅरिअर का मरम्मत/रिपेअर करवाना
हाथ डोरे का रिपेअर करवाना

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff AB... Departmental HOD for Doc Hospital Administration + [Signature]

For Office Use

Outward No:-
Date: **07/06/2024**
Time: **11:02**

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

Mobile No: 8554990226

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

Hospital Maintenance Call Form

Outward No:- **3810**
Date: 28/07/24
Time: 2:00pm

Name of the Faculty/ Staff/ Concerned User: - M. A. Shinde

Designation :- Staff Nurse Department:- Physiotherapy Location of Complaint:- In department

Description of Expected Maintenance / Repair Work: - Foot marking in patient area
make foot print and marking in joint training area (CHANGING SET SW)

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff

for Dard
Departmental HOD

3115
Hospital Administration

For Office Use

Outward No:-
Date: 08/07/24
Time: 2:45

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



कार्य पूर्ण बनाने

Hospital Maintenance Call Form

Outward No:- **3811**

Date: **1/7/24**

Time: **12:30 PM**

Name of the Faculty/ Staff/ Concerned User: - **M. A. Shinde**

Designation :- **Staff** Department: **physiotherapy** Location of Complaint: **physiotherapy o.p.c**

Description of Expected Maintenance / Repair Work: - **rusting in wheel chair**
कार्यालय (विद्युत कर्मचारी कक्षा)

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

For Office Use

Outward No:-

Date: **08/07/24**

Time: **12:45**

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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Hospital Maintenance Call Form

Outward No:- **3812**

Date: **6/07/24**

Time: **10:39 AM**

Name of the Faculty/ Staff/ Concerned User: - **N. B. SUPNIS**

Designation :- _____ Department: **PL. OPD** Location of Complaint:- _____

Description of Expected Maintenance / Repair Work: - **all work in the wall in room B140110 CETER**

Call Related to: Civil

Electrical

Computer

Biomedical

N. B. SUPNIS
Sign. of Staff

for Dord
Departmental HOD

(3) HST
Hospital Administration

For Office Use

Outward No:-

Date: **08/07/24**

Time: **2:45**

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 GMC	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

Hospital Maintenance Call Form

Outward No:- **3813**

Date: 16/7/24

Time: 2:30pm

Name of the Faculty/ Staff/ Concerned User: - M. A. Shinde

Designation :- Staff Department: physiotherapy Location of Complaint:- physiotherapy-O.P.O

Description of Expected Maintenance / Repair Work: - वेसिन व बॉकर करणेची मरिजा करणे

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff [Signature]

Departmental HOD [Signature]

Hospital Administration

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



Dr. Vithalrao Vikhe Patil Foundation's

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

काम करे जाये.

Hospital Maintenance Call Form

3815

Outward No:-

Date: 20/07/24

Time: 11:30

Name of the Faculty/ Staff/ Concerned User: - N. B. Salpura

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy OPD

Description of Expected Maintenance / Repair Work: - Keyboard is Not working from 5 days.

Call Related to: Civil

Electrical

Computer

Biomedical

NBSalpura
Sign. of Staff

Amul
Departmental HOD

Hospital Administration

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

Hospital Maintenance Call Form

3816

Outward No:-

Date: 21/07/24

Time:

Name of the Faculty/ Staff/ Concerned User: - N. B. Sathurke

Designation :- Staff Department: physiotherapy Location of Complaint: physiotherapy

Description of Expected Maintenance / Repair Work: - ...

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff: [Signature] Departmental HOD: [Signature] Hospital Administration: [Signature]

For Office Use

Outward No:-

Date: 30/7/2024

Time: 3:30 PM

1) Job allotted to the Engineer / Technician (Name): - shirsalkar S.D.

Mobile No: [5][5][4][4][0][2][2][6]

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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काम पूर्ण आहे.

Hospital Maintenance Call Form

Outward No:- 3817

Date: 24/07/24

Time:

Name of the Faculty/ Staff/ Concerned User: - N. B. Satpute

Designation :- Staff Department: - physiotherapy Location of Complaint: - physiotherapy OPD

Description of Expected Maintenance / Repair Work: - मजे फोटेरा करुन मिळवून देणे.

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff *N. B. Satpute*

Departmental HOD *[Signature]*

Hospital Administration *[Signature]*

For Office Use

Outward No:-

Date: 30/7/2024

Time: 7:30

1) Job allotted to the Engineer / Technician (Name): - Shirsane SD

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

गरीब रोगी को सेवा

Hospital Maintenance Call Form

Outward No:- **3818**
Date: **22/07/2024**
Time: **11:45 AM**

Name of the Faculty/ Staff/ Concerned User: - Dr. Nilesh D. Dord.
Designation :- Asst Prof. Department:- Dept of Phys Location of Complaint:- Physiology OPD
Description of Expected Maintenance / Repair Work:- Ultrasound not working
(Consult OPD)

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff Dord Departmental HOD for Dord Hospital Administration [Signature]

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

Hospital Maintenance Call Form

Outward No: **3819**

Date: 10/08/24

Time: 12:45 PM

Name of the Faculty/ Staff/ Concerned User: - N. B. Sutar

Designation: - Staff Department: - physiotherapy Location of Complaint: - physiotherapy opd

Description of Expected Maintenance / Repair Work: - डिप्रेसीव अच फुलने अडे. टी.

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

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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Hospital Maintenance Call Form

Outward No:- **3820**

Date: **12/08/24**

Time: **10:45**

Name of the Faculty/ Staff/ Concerned User: - **N. B. Suran**

Designation :- **Staff** Department: **phy home** Location of Complaint:- **physio therapy OPD**

Description of Expected Maintenance / Repair Work: - **मोबाइल बॅटरी अडल्ट (BATT)**

Call Related to: Civil Electrical Computer Biomedical

N. B. Suran
Sign. of Staff

Suran
Departmental HOD

OAKale
Hospital Administration

For Office Use

Outward No:-
Date: **13/8/24**
Time: **11:21**

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



कॉपी यहाँ रखें

Hospital Maintenance Call Form

Outward No:- **3821**

Date: **20/08/24**

Time: **10:50 Am**

Name of the Faculty/ Staff/ Concerned User:- **N. B. Sutpute**

Designation :- **Staff** Department:- **Physiotherapy** Location of Complaint:- **Physiotherapy OPD**

Description of Expected Maintenance / Repair Work:- **वेरिग या पाइप दुखना कडा**

Call Related to: Civil **मिठावा** Electrical Computer Biomedical

Sign. of Staff **N. B. Sutpute**

Departmental HOD **Shukla**

Hospital Administration

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

Hospital Maintenance Call Form

Outward No:- **3822**

Date: **23/8/24**

Time: **12:32 pm**

Name of the Faculty/ Staff/ Concerned User: - A. A. Shinde

Designation :- Staff Department:- Physiotherapy Location of Complaint:- Physiotherapy Dept.

Description of Expected Maintenance / Repair Work: - Call 243 243 243 243

Call Related to: Civil Electrical Computer Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

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

Hospital Maintenance Call Form

Outward No:- **3823**

Date: **05/09/24**

Time: **10:25**

Name of the Faculty/ Staff/ Concerned User: - N. B. Subpute

Designation :- Staff Department:- physiotherapy Location of Complaint:- physiotherapy OPD

Description of Expected Maintenance / Repair Work: - नेट कार्य नहीं आते. ने कार्य कराना है.

Call Related to: Civil

Electrical

Computer

Biomedical

N. B. Subpute
Sign. of Staff

[Signature]
Departmental HOD

Hospital Administration

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

काम पूर्ण नाही.

Hospital Maintenance Call Form

Outward No:- **3824**

Date: **5/09/24**

Time: **10:30**

Name of the Faculty/ Staff/ Concerned User: - N. B. Satpute

Designation :- Staff Department:- physiotherapy Location of Complaint: physiotherapy OPD

Description of Expected Maintenance / Repair Work: - Water filter servicing & changing of canter.

Call Related to: Civil Electrical Computer Biomedical

N. B. Satpute
Sign. of Staff

Departmental HOD

CAKale
Hospital Administration

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

Hospital Maintenance Call Form

Received on 20/9/20
3825

Outward No:-

Date: 10 / 09 / 24

Time: 11:30 AM

Name of the Faculty/ Staff/ Concerned User: - N. B. Supte

Designation :- Staff Department:- physiology Location of Complaint:- physiology ops

Description of Expected Maintenance / Repair Work: - (असुरी सामान डाले) ① रोक ऑड - काम करवावे

Call Related to: Civil

Electrical

Computer

Biomedical

Sign. of Staff

Departmental HOD

Hospital Administration

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: - _____

MB 8380905782 J El Eng.
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

Hospital Maintenance Call Form

Outward No: **3826**

Date: **11/09/24**

Time:

Name of the Faculty/ Staff/ Concerned User: - **N. B. Sutpute**

Designation: - **Staff** Department: - **Physiology** Location of Complaint: - **physiotherapy OPD**

Description of Expected Maintenance / Repair Work: - **गेट वग साहे व लॉकी वॉटर**

वर्क करवा मित्रावा. (ते वॉटर वग होत साहे.)

Call Related to: Civil Electrical Computer Biomedical

Signature
Sign. of Staff

Signature
Departmental HOD

Signature
Hospital Administration

For Office Use

Outward No:

Date: **// /**

Time:

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

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