



INSTALLTION & COMMISSION/SERVICE REPORT

Reference :-		
Installation Report No :-	Installation Date :-	Order Reference :-

Hospital/ Institution :-		
Name of Hospital/ Institution	Address :-	Contact No.

Supplier's Information :-	
Manufacturer/Tenderer:-	Local Agent /Installed by :-

Equipments Information					
Name of Equipments	Model/SN :-	Origin:-	Quantity :-	Warranty:-	Details of Spares Supplied

Working Engineer's Information :-		
Name of the Engineer :-	Working Duration :-	Signature :-

Training Information:-		
Whether training is applicable according to contract agreement	Number of Person trained	Training Duration
Yes/No (Please attach training sheet)		

Comments :-
This is to certify that the installation of the above mentioned equipment/equipments has/have been made to our entire satisfaction and we have accepted it in good working condition.

Seal and Signature of the representative of the user unit:-	Seal and Signature of Head of The Department/ Institute
Mobile No.	Mobile No.

N.B.- Please send the soft copy by e-mail