



Form R1: Repair Request Form

Company Name	:	_____
City, Pin Code	:	_____
State	:	_____
Contact Person	:	_____
Contact Number	:	_____
Email ID	:	_____
Model No.	:	_____
Equipment Name:	:	_____
Serial No.:	:	_____
Date of Manufacture (DoM)	:	_____
Serial Number	:	_____
Under Warranty	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Fault	:	_____ _____ _____
Date of Dispatch	:	_____
Any other Remark	:	_____ _____ _____

Name	:	_____
Department	:	_____
Signature	:	_____
Date	:	_____