

CALL FORM



Dr. Vithalrao Vikhe Patil Foundation's

Dr. Vikhe Patil Memorial Hospital, Ahmednagar

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

Hospital Maintenance Call Form

Outward No:- **301**
Date: **11/9/20**
Time: **10:00**

Name of the Faculty/ Staff/ Concerned User: - Mandlik Sunita R.
Designation :- clerk Department:- CON Library Location of Complaint:- Library
Description of Expected Maintenance / Repair Work: - Software problem
2000x Machine Repair

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. Vikas Jadhav
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]
Signature of HOD
Civil/Electrical-/Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

[Signature]
Sign. of Concerned User
PRINCIPAL
Dr.V.V.P.F's College of Nursing
Ahmednagar

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Hospital Maintenance Call Form

Outward No:- **304**

Date: **20/9/24**

Time:

Name of the Faculty/ Staff/ Concerned User: - **Ms. Pallavi S. Kolapkar** **msn Dept.**

Designation: **Asso. Prof.** Department: **FON** Location of Complaint: **Table lock repair**

Description of Expected Maintenance / Repair Work: - **Table lock repair**

Call Related to: Civil Electrical Computer Biomedical

PRD
Sign. of Staff

PRD
Departmental HOD

Prakash
Hospital Administration

For Office Use

Outward No:-
Date: **20/09/2024**
Time:

1) Job allotted to the Engineer / Technician (Name): **Shri. Shet S. B.**

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
Prakash
PRINCIPAL
Dr.V.V.P.F's College of Nursing
Ahmednagar

Signature of HOD
Civil/Electrical /Computer/Biomedical



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Hospital Maintenance Call Form

Outward No:- **308**
Date: **5/10/2024**
Time: **11:30am**

Name of the Faculty/ Staff/ Concerned User: - Miss. Gitay Shital S.
Designation :- A.O.S Department:- college of nursing Location of Complaint:- Auditorium Hall.
Description of Expected Maintenance / Repair Work: - Auditorium Hall AC (2 nos) Not working.

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): Rhopale S.S.
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]
41. ELEC. 6/10/24
5/10/24

Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

[Signature]
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Ahmednagar

Signature of HOD
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Hospital Maintenance Call Form

Outward No:- **303**
Date: **18/09/2024**
Time:

Name of the Faculty/ Staff/ Concerned User: - Mrs. Autade, Yogita.
Designation :- Vice Principal Department:- Com.H.N. Location of Complaint:- Vice-Principal of Lice
Description of Expected Maintenance / Repair Work: - PC.

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): Jadhav vikas

Mobile No:

9	9	9	5	6	3	9	5	6	6
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2) Call Verification Details: MS office problem wps office
by install on update, above problem is solved

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]
PRINCIPAL
Dr.V.V.P.F's College of Nursing
Ahmednagar

[Signature]
Signature of HOD
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Hospital Maintenance Call Form

Outward No:- **309**

Date: **09/10/2024**

Time:

Name of the Faculty/ Staff/ Concerned User: - Mrs. Yogita Autule

Designation :- Vice-Principal Department:- Com.H.N. Location of Complaint:- Com.H.Nurs. dep.

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

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): Mto Jadhav vikas

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]
Signature of HOD

Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

[Signature]

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Ahmednagar

Signature of HOD

Civil/Electrical /Computer/Biomedical

Hospital Maintenance Call Form

Outward No:- **315**

Date: **15/4/2024**

Time:

Name of the Faculty/ Staff/ Concerned User: - **Gilraj Shital So**
Designation :- **A.O.S** Department:- **CON** Location of Complaint:- **Principal office**
Description of Expected Maintenance / Repair Work: - **Shutting of LED (TV)**

Call Related to: Civil

Electrical

Computer

Biomedical

[Signature]
Sign. of Staff

[Signature]
Departmental HOD

[Signature]
Hospital Administration

For Office Use

Outward No:-

Date: **16/10/24**

Time:

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

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]
Signature of HOD
Civil/Electrical /Computer/Biomedical

Approved / Not Approved
Administrative Officer

Remark after Maintenance / Repair Work: - _____

Sign. of Concerned User

[Signature]
PRINCIPAL

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Ahmednagar

Signature of HOD
Civil/Electrical /Computer/Biomed