



Technical Assessment and Recommendation Report

Name of the Requester:	Technical Person Details:
Date:	Attended by:
Department & Location:	Designation:
Request through: (<i>Mail/Network request/Authorities</i>)	Inspected Date:
Category: (<i>Desktop/laptop, Printer, Projector, Interactive devices</i>)	Resolved Date:

Equipment Details

Equipment Name:			
Equipment Location:			
Equipment ID/Serial No.			
Date of Purchase:			
Warranty details:			
Task/Activity	Issue description/ Solution	Status	Remark

If Parts Replacement Required:

Part Details:
Reason for Replacement:
Part value (Approx):
Performed by:
Technical Person comments:
Signature of technical person:
Signature from who raised the request:

Authorized by

Supervisor

AD-SWNT

Comments: