



**THAPAR UNIVERSITY, PATIALA**

CITM/IN/01

**Centre of Information and Technology Management**

**REQUISITION PERFORMA TO RESOLVE INTERNET CONNECTIVITY PROBLEMS**

Sr. No.:	(To be filled by office of CITM)	Received on:
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**To: HEAD, CITM**

NAME	Designation	Department	Signature With Date
S. No.	Problem	Response	
1.	Internet is not working	Yes/No:	
2.	LAN port is not working	Yes/No:	
3.	Internet works sometimes	Yes/No:	
4.	Any other problem (Please give enough details)		

Location of affected user:	
Phone at location / other contact:	

**Forwarded and Recommended to Head CITM,**

**SIGNATURE OF HEAD**  
**(HEAD of Department/School/Centre/Section/Unit)**

**To be filled by CITM**

Job assigned to with date:

**(System Analyst / HCITM)**

Problem Identified:

Signature(Technician/Attendant)

Problem resolved on:

Signature of User:

**(HCITM)**