

REQUISITION PERFORMA TO RESOLVE INTERNET CONNECTIVITY PROBLEM

Sr. No.: _____ (To be filled by office of CITM)

Received on dated: _____

Name	Designation	Department	Signature with Date
Sr. 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	
Mobile No	

Forwarded and Recommended to HCITM

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)