

**NATIONAL INSTITUTE OF HIGH SECURITY ANIMAL DISEASES- BHOPAL**

FORMAT OF INSTRUMENT/EQUIPMENT REPAIR COMPLAINT (INTERNAL)

DATE OF COMPLAINT	NAME OF SCIENTIST	INSTRUMENT NAME		FAULT DESCRIPTION
		MAKE		
		MODEL NO.		
		AMC IF ANY	YES / NO	
		WARRANTY	YES /NO	
		LOCATION		
SIGNATURE OF SCIENTIST	I/C LABORATORY			O/C ENGINEERING
REMARKS-				SIGNATURE OF INSTRUMENT ENGINEER