

HARDWARE CLINIC FOR HI-TECH SCHOOLS

PROFORMA - 1

(To be filled by the school authority)

Name of School :		School Code :	
Edl. District :	Sub District :	Section	
		GHS / GHSS / GVHSS	
Land Phone No. :	Mobile :	Aided HS/ Aided HSS/ Aided VHSS	

Details of Equipments received in Hardware Clinic						Put <input checked="" type="checkbox"/> Mark against the component present							
Sl. No.	Desktop/ Laptop/ Projector/ Monitor	Stock Register Page No.	Date of Item received	Scheme	Serial No.	Warranty (Yes/No)	Motherboard	Processor	RAM	Hard disk	DVD Writer	SMPS	Others
1.													
2.													
3.													
4.													
5.													
6.													
7.													

Date:

Items Received by:

Office Seal

Signature of HM / Principal

Name:	Total Items Received		
	Desktop	Laptop	Projector
Designation:			
Date:	<i>Signature of DCMT</i>		



Hardware Clinic -2017-Inspection Report



Name of the School:				Report No:		
Address:				Section		
				GHS / GHSS / GVHSS Aided HS/ Aided HSS/ Aided VHSS		
Ack Receipt No:				School Code:		
SL No	Item	Make & Model	Serial No	Nature of fault	Details of faulty components	Remarks
Name of Service Engineer: <u>Keltron</u>				Name of DC/MT: <u>KITE</u>		
Signature:				Sign & Seal:		



Hardware Clinic -2017-Service Report



Name of the School:						Report No.
Address:						Section GHS / GHSS / GVHSS Aided HS/ Aided HSS/ Aided VHSS
Insp Report No:						School Code:
SL No	Item	Make & Model	Serial No	Details of Spares Swapped	Details of Spares replaced	Machine Status
Name of Service Engineer: Keltron			Name of DC/MT: KITE			
Signature:			Sign & Seal:			