

राष्ट्रीय प्रौद्योगिकी, संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. :

Date:

Computer/Network maintenance Note.

Type of IT Related Issue	Department /Section	Room No.
1. Internet Connectivity		
LAN <input type="checkbox"/>		
Wi-Fi <input type="checkbox"/>		
2. Hardware		
Display Issue <input type="checkbox"/>		
Keyboard/Mouse <input type="checkbox"/>		
System not Booting <input type="checkbox"/>		
Printers <input type="checkbox"/>		
3. Software		
Windows Related <input type="checkbox"/>		
Application Software (MS-Office, Adobe etc.) <input type="checkbox"/>		
Drivers Issue <input type="checkbox"/>		
4. Maintenance		
Lan Setup in Lab/Department/Section <input type="checkbox"/>		
Installation and Configuration of new System. <input type="checkbox"/>		
5. Others		

Name _____

Designation _____

Signature _____

Sign of Department/Section Head

To,
I/C Computer/Network Maintenance

Feedback-