



DEPARTMENT OF BIOSTATISTICS & MEDICAL INFORMATICS

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

DILSHAD GARDEN

DELHI - 110 095

CALL REPORT PERFORMA FOR SYSTEM MANAGEMENT

Complaint Number: _____, Time: _____, Date: _____

Name of the user: _____, Ph. No. _____

Department: _____, Room No: _____

Problem reported by the user: _____

Complaint allotted to Mr. _____, Date/Time: _____

Action taken by Engineer: _____

Nature of complaint: **Software/UPS/Monitor/CPU/Mouse/Keyboard/Printer/Others**

Name of Peripheral required (if any): _____

Present status of Complaint: Resolved or pending (Specify the reason): _____

Comment by the user: **Satisfied/Not Satisfied**

User Comment (if not satisfied): _____

Name and Signature of the user: _____

Note: we are not responsible for Data & Data backup related matters

Permission from Network In-charge, in case of Network Engineer will be assigned for any system maintenance jobs. Yes / No.

(Signature of Engineer attended)

Signature of Computer-Incharge

Extension numbers for computer hardware complaint are 5906 and 5901

Web-site:<http://www.ucms.ac.in>