**SERVICE REQUEST FORM**

**Customer Details: -**

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| --- | --- |
| **Name of the Institution: -** |  |
| **Department & Lab Details :-** |  |
| **HOD Name & Mail Id :-**  **Mobile No :-** |  |
| **Lab Incharge Name & Mail Id :-**  **Mobile No :-** |  |
| **Service Estimation Request:-\*\*\*** | **ON SITE Required / Not Required** |
| **Service Request Date :-** |  |

**\*\*\* Please Specify that Service Estimation is required by On Site Visit or to give quote without visiting onsite**

**Dear Sir,**

**We request you to give Service Estimation for the following Equipment’s in our above lab**.

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| **SL.No** | **Equipment Details & Model No** | **Equipment Serial No** | **Quantity** | **Nature of Complaint** |
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| **Prepared By** | **Tentative Date Visit on Priority** | **Estimation Request for Approval** |
|  |  |  |

**Note:- Do not use this format or send this format to any other vendor ( for requesting Service Quote)**

**This format belongs to M/s. SCIENTRONICS, to provide Service Estimation Request**

**M/s. Scientronics will send you an acknowledgement for your request & Separate Estimation**

**Or Quotation will be send to the above mentioned mail id**

**Kindly send with authorised person Sign with Department Seal**