

transmed limited

Installation Report Service Report

Service Call Received Information		Engineer visit date & time		Work complete date & time	
Date	Time	Date	Time	Date	Time

Hospital/ Diagnostic Information:

Work Order & Date:

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Machine Information:

Machine Name	Model	Country of origin	S/N

Warranty Information:

Warranty In	Warranty Out

Machine Installation/Service Information:

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Bill Information:

Service Charge	Spare Parts Charge	Total Bill	Paid Bill	Due

TOTAL TAKA (IN WORDS):

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Concerned Engineer:

Engineer Name	Engineer Signature

Signature & Seal
In-Charge / Technologist / Engineer

Signature & Seal
Institute Head