



IT EQUIPMENT REPAIRING SHEET
MAYO HOSPITAL, LAHORE.
Ext #: 124

Diary No: IT/ _____
Dated: _____ 2023, MHL

Part A: (To be filled by end user)

Name Of Department:			
Equipment Name:			
Model No:		Serial No:	
Equipment Received Since:		Status of Equipment:	<input type="radio"/> Brand New <input type="radio"/> Branded
Description Of Fault			
Name Of In charge		Sign & Stamp	

Part B: (To be filled by IT Department)

Scope Of Work	<input type="radio"/> Repair On spot	<input type="radio"/> Repair in IT Dept.	<input type="radio"/> External Repair
Repairing Parts/Services			
Cost of Repairing		Previous cost of Repairing	Date of Previous Repairing
Name Of Vendor		Sign & Stamp	

AVH Incharge

Deputy Medical Superintendent (IT)

Medical Superintendent

Senior Budget & AO

Chief Executive Officer