

(ELECTRICAL AND CIVIL COMPLAINTS TO BE MADE SEPARATELY).

NAME OF OCCUPANT: _____ Dt. _____

Designation: _____

Quarter Room No. _____

Particulars of Complaints / Defects :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of occupant

Estate office No.

Date: _____

The above complaint was attended by Shri _____ Designation _____ And a certificate obtained from the occupant.

Materials Required

Materials Used

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

Jr. Engg. /EE

Certified that the work has been completed to my satisfaction.

Signature of occupant.

dgs

Designation : _____