



भारतीय प्रौद्योगिकी संस्थान इंदौर
Indian Institute of Technology Indore

IDO निरीक्षण रिपोर्ट
IDO INSPECTION REPORT

(For all Electrical & Electronics items/parts/accessories to be returned/for repair/for purchase to MMS/Central Store)

FORM NO.: SS11

Report No. _____

Financial Year: _____

Issue Date: _____

(To be filled by Store Assistant)

(Note: It is important to fill all the fields and make sure that all the fields are filled correctly)

(Report To be filled by IDO [Technical] Department)

INSPECTION REPORT

Date: _____

Recipient Details: - (To be filled by the user department)

Name of Custodian of Assets: _____ Designation: _____

Department: _____ Inventory No.: _____

Contact No.: _____ E-mail id: _____

IDO Details: - (To be filled by the IDO Team)

1. Name of Electrical/Electronic item/Equipment: _____

2. Equipment Model No.: _____ MAKE: _____

3. Serial Number: _____

4. Equipment has been Attend/Serviced/Checked by Mr. _____

Date of Attend/Serviced/Checked _____

5. Contact No.: _____ E-mail id: _____

CERTIFICATION OF IDO TEAM (Note: Please fill all the fields before submission of stores): -

Description	Status
Any part/accessories are missing in the Electrical/Electronic item	
Any part/accessories are found in damaged/non-working condition	
Stores is in repairable condition within economic repair cost	
Repairing/Replacement Required	
Stores repair cost in INR	

STATUS OF STORES: WORKING REPAIRABLE UNSERVICEABLE OBSOLETE

Brief Summary (If any) _____

It is to certify that the above-mentioned Electrical/Electronic equipment information is correct on my behalf.

Signature of IDO Technical In-Charge
Name & Designation

Signature of IDO Technical Engineer
Name & Designation