

INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous) Dundigal, Hyderabad - 500 043, Telangana

IT INFRASTRUCTURE MANAGEMENT SERVICES

Name of Department	:	
Name of concerned staff member / Lab Incharge	:	
Employee ID	:	
Location / Room Number	:	
Problem Description	:	
System Details (If known)	:	
Complaint submission date	:	
Dispatch Register Number	:	
Signature of staff member / Lab incharge		Signature of HOD
For Compu	ter Cei	nter Staff Only
Complaint Given To	:	
Complaint No	:	
Date	:	
		Signature of ITIMS Officer
Call received date and time	:	
Action taken	:	
Fault attended date and time	:	
Details of fault	:	
		Signature of person attended the complaint
Comments of concerned staff member / la incharge (after repair)	b :	
		Signature of concerned staff member
		PRINCIPAL