

Repair Request Form

Job Number:

**Electrical and Electronics Workshop
Faculty of Engineering, University of Peradeniya**

Job Order to: Director, Electronics Workshop, University of Peradeniya.

Requested by:	
Name of Faculty/Dept./Unit:	Date:
Faculty/Dept./Unit Address:	
Details of the Contact Person:	
Name:	
NIC Number:	
Mobile:	Office/Ext number:
Description of the Job Call:	
Equipment Information:	
Model:	Serial No:
Description of the problem	
Delivered by:	
Designation and signature:	Date:
Received by:	
Designation and signature:	Date:

Please note that this form **should accompany any item** sent to the Electronic Workshop and the official request letter and other accompanying documents should be sent, through the relevant head of the institute / department/ director.