## গণপ্রজাতন্ত্রী বাংলাদেশ সরকার স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় স্বাস্থ্য সেবা বিভাগ সেন্ট্রাল মেডিকেল স্টোরস ডিপো (সিএমএসডি) তেজগাঁও, ঢাকা-১২০৮।



<u>www.cmsd.gov.bd</u> ই-মেইল : **cmsdstore@dhaka.net** 

## **INSTALLTION & COMMISSION/SERVICE REPORT**

Reference :-								
Installation Report No :-		Installation Date :-		Order Reference :-				
Hospital/ Insti	tution :-							
		Address :-			Contact No.			
				÷				
6 11 1 7 0			***************************************					
Supplier's Info		Local Agan			t /Installed by :-			
ivialidiacturel/ i		Local Agent		/installed by :-				
Equipments I		T			7			
Name of Equipments	Model/SN :-	Origin	:-	Quantity:- Warrant		nty:-	Details of Spares	
Equipments			*****************************				Supplied	
		1						
Working Engineer's Information :-								
Name of the Engineer :-		Worki	Working Duration :-		Signature :-			
						***************************************		
Training Info	mation:-		***************************************	3.5				
Whether training is applicable			Number of Person tra		ainerd Train		ing Duration	
according to contract agreement		***************************************						
Yes/No (Please attach training she			)					
Comments :-		***************************************		<u> </u>		***************************************		
	y that the installa	ation of	the abov	re mentioned ed	quipment	t/equip	ments has/have	
been made to o	ur entire satisfac	tion and	we have	e accepted it in	good wo	orking o	condition.	
6 1 16	6.1	7 0 1	1.0:	0.77	0.00			
Seal and Signature of the representative of the user unit:-		Seal	Seal and Signature of Head of The Department/ Institute					
representative	of the user unit.							
		The state of the s						
Mobile No.		Mak	Mobile No.					
widdle No.		IVIOD	MODILE INO.					

N.B.- Please send the soft copy by e-mail