Paathshala®

Technical Support/Maintenance Form

Support Form No.: _____

Organization Name: _____

Address: _____

Contact Number: _____ CVI: _____

Date of Support: _____ Type: _____

Module Name: _____

Problem Description: _____

_____

_____

_____

_____

_____

Is problem solved? ☐ Yes ☐ No

If no, next supports date: _____

If yes, how it is solved: _____

_____

_____

_____

_____

Name of Support Agent: _____

Agency Name: _____

Signature: _____

_____   _____

Official Stamp   Authorized Person

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