HABIGANJ AGRICULTURAL UNIVERSITY
ICT CELL
COMPUTER & ICT DEVICE SERVICING REQUEST FORM

Form No.
HAU/ICT/F-01
Rev. 01

Service Request No.	HAU/ICT/SR/20____/_____	**Date**	____ / ____ / 20____

A. REQUESTER / OFFICE INFORMATION

Name of Requester		**Designation**	
Department / Section / Office		**Faculty / Administrative Unit**	
Mobile No.		**Official E-mail**	

B. DEVICE / ASSET INFORMATION

Device Type	☐ Desktop ☐ Laptop ☐ Monitor ☐ Printer ☐ Scanner ☐ UPS ☐ Projector ☐ Network Device ☐ Other: _____		
Brand		**Model**	
Serial No.		**Asset / Inventory No.**	
University / Project Property No.		**Operating System (if applicable)**	
Accessories Submitted	☐ Charger/Adapter ☐ Power Cable ☐ Keyboard ☐ Mouse ☐ Bag ☐ Other: _____		

C. PROBLEM / SERVICE REQUEST DETAILS

Type of Service / Problem	☐ Hardware ☐ Software ☐ OS ☐ Network/Internet ☐ Printer/Scanner ☐ Data/Storage ☐ Configuration ☐ Other
Problem Description	
Operational Impact	☐ Device unusable ☐ Work significantly affected ☐ Partially usable ☐ Intermittent / minor issue
Previous Repair / Relevant History	

D. DATA BACKUP & SUBMISSION

Important Data Backup	☐ Completed ☐ Not completed ☐ Not applicable ☐ Assistance required
Authorization	I authorize the ICT Cell to inspect, troubleshoot and service the above device. I understand that certain repair actions (including OS/software reinstallation or storage repair) may affect locally stored data.
Requester Signature	Signature: _____ Date: ____/____/20____ Name: _____

E. DEVICE RECEIPT — FOR ICT CELL USE

Received Date & Time		**Received By**	
Physical Condition	☐ Good ☐ Minor damage ☐ Damaged	**Accessories Verified**	☐ Yes ☐ No / discrepancy noted

Service Request No.	HAU/ICT/SR/20____/_____	**ICT Priority**	☐ P1 Critical ☐ P2 High ☐ P3 Normal

F. TECHNICAL ASSESSMENT — FOR ICT CELL USE ONLY

Initial Diagnosis	☐ Hardware ☐ Software ☐ OS ☐ Network ☐ Power ☐ Peripheral ☐ Security/Malware ☐ No fault detected ☐ Other
Technical Findings	
Recommended Action	☐ Troubleshoot/Configure ☐ Software/OS reinstall ☐ Cleaning/Maintenance ☐ Repair component ☐ Replace component ☐ External vendor/service center ☐ Replacement recommended
Technician / Assessor	Name: _____ Signature: _____ Date: ____/____/20____

G. PARTS / COMPONENTS / EXTERNAL SERVICE

Sl.	Part / Component / Service	Specification / Details	Qty.	Remarks / Cost (if applicable)
1				
2				
3				

H. SERVICE / REPAIR ACTION RECORD

Work Performed	
Service Status	☐ Completed / working properly ☐ Partially resolved ☐ Temporary solution ☐ Unable to repair ☐ Sent for external service ☐ Replacement recommended
Completed By	Name: _____ Signature: _____ Date: ____/____/20____
Technical Remarks	

I. VERIFICATION / APPROVAL (WHEN APPLICABLE)

Verified / Approved By	Name/Signature: _____	**Designation / Date**	_____ ____/____/20____

J. DEVICE RETURN & USER ACCEPTANCE

Return / User Verification	Returned: ____/____/20____ ☐ Working properly ☐ Working with observation ☐ Further support required
User Remarks	

Received / Accepted By	Name: _____ Designation: _____ Signature: _____ Date: ____ / ____ / 20____