

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2722350/370

M	RF	/ 4	CD	SR	
IVI	L	<i> </i> ~	$ \cup$	-	

From

To

The Director, ACDSR

Name: Dr Lijo Karhanah The Direction: Senior Lecturer
Dept.: Pediatrie & preventive dentistry

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work
No.	Mont Trimmer Comple	ut
	Chair 4,5,6,7,9,10 - 3 way syringe, air rotor, scution, spitoon not wesking	UC,
	Chair 4,5,6,7,9,10 - 3 way syringe, air rotor, scution, spitoon not working thair 1,2,3,5 -> Button not working foot control complaint  Chair 6, 1 -> Arrivate complaint	Pa
	Chair 6, 1 3 An leak connection	PG.
Nam	e and Signature: Lygallanah Do Lijo Zachanal aff who submits the Maintenance Required form (MRF)	Completion/Non-Completion
Reco	mmendation with estimated cost of the work(attach details)	
Neco	mendation with estimated cost of the work[attach details]	
Neco		Completed the
neco		
NCC0		Completed the Repair/Maintenance work as
	T wy	Completed the  Repair/Maintenance work as required in MRF on

Approved/Rejected with remarks

PRINCIPAL

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5 6 24.

From

To

Name

Dr. Anjale rundthan

The Director, ACDSR

Designation: Reader

Dept

: Department of OMFS

Repairs & Maintenance Work-Type

I report the following repair and maintenance work to

SI.	Nature o	f Work	Place of Work
(1) B	3P apparalus	is not working prop	erly .
2 6	F Dental chair	s not working pre	yerly.
Name a	and Signature	Anglato Unnither	Completion/Non-
Staff wh	no submits .	71	Completion Report
	intenance		
(MRF)	ed Form		
	nendation with es	timated cost of the work(at	tach details)
		workland	tach details)
			Completed the Repair/Maintenance
			work as required in
			in MRF on
			It works smoothly.
			W.
			at It

Approved/Rejected with remarks

**Technical Staff** 

PRINCIPAL

Technical Staff

## COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5 6 24

From

To

Name

: Dr Jayardh Jayarajan The Director, ACDSR

Designation: Professor and HOD

Dept

: Orthodoxtics

Repairs & Maintenance Work-Type

report the following repair and maintenance work for your immediate action

SI. Nature of Work	Place of Work
No.	1.050 S. 1001K
2 UG clinic not evailable, under	
	repair since
3 Lack of Instruments in P6	dept
4 3 Deutal chers - semifanctional	
5 Andoclare and hot water sterilis	er breaks down fregully
6 Trimmer and lathe breaks down &	100 M
Name and Signature Dr. Jagauth Jagar	ajan Completion/Non-
	Completion Report
Staff who submits	V Sempletion Report
the Maintenance	
Required Form (MRF)	
(IVINF)	
Recommendation with estimated cost of the wor	rk(attach details)
Recommendation with estimated cost of the wor	rk(attach details)
Recommendation with estimated cost of the wor	
Recommendation with estimated cost of the wor	Completed the
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in in MRF on
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in in MRF on
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in in MRF on
Recommendation with estimated cost of the wor	Completed the Repair/Maintenance work as required in in MRF on
Recommendation with estimated cost of the work	Completed the Repair/Maintenance work as required in in MRF on

Approved/Rejected with remarks

PRINCIPAL

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 56 24.

From .

To

Name

: Gibi

The Director, ACDSR

Designation : Professor

Dept

: Department of Prosthodoutic

Repairs & Maintenance Work-Type

No	Nature of Work	Place of Work
	3 Dental chairs - 3 cm functional.	
	Autoclave is not working properly	
ame a	nd Signature	Completion/Non-
the Ma	no submits intenance ed Form	Completion Report
Recomm	nendation with estimated cost of the work(attach det	ails)
		Completed the
		Repair/Maintenance work as required in in MRF on It works smoothly.

Approved/Rejected with remarks

PRINCIPAL

Technical Staff

HOD

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5 6 24

From .

To

Name

: Hithele Nair

The Director, ACDSR

Designation: & lecture

Dept

OME

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

No	Nature of Work	Place of Work
1	Systems for content op patient deled (Scapes) is not working frequely (Very defficient to cross fatient)	OMP
Nam	who submits	Completion/Non-Completion Report
the I	Maintenance ired Form	
lecor	nmendation with estimated cost of the work(attach details	
	voi Mattach details	Completed the Repair/Maintenance work as required in in MRF on It works smoothly.

Approved/Rejected with remarks

Technical Staff

HOD



To

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2722350/370

MRF	/ACDSR
	TICE SIL

From

: Dr. R. Rethy

The Director, ACDSR

Designation: Awt & 400

Dept.

: Oul Pethology

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for y

Place of Work
1Gr Cab
16, Cab.
mpletion/Non-Completion port
mpleted the
mpleted the pair/Maintenance work as
quired in MRF on
vorks smoothly
10
9/
chnical Staff
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MRF/ACDSR

From

## AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

To

Date:

MEEYANOOR P.O,KOLLAM-37, TEL: 0474-2722350/370

Name : Da-SAIRA SIRAJ.E	The Director, ACDSR
Designation: Sr. Lecture.	
Dept. : Public Health Denti	te
BEGGESS Newbornson	0
Repairs & Maintenance Wor	rk-Type
I report the following repair and maintenance work	for your immediate action
SI. Nature of Work	Place of Work
No.	
i Repair of sterilizer	Dept clinic
4.	
	Programme Albertan
Name and Signature: DR-SAIRA CLEAT	Completion/Non-Completion Report
Name and Signature: DR-SAIRA SIRAJE of staff who submits the Maintenance Required form(MRF)	Report
Recommendation with estimated cost of the work(attach details)	
	Completed the
	Repair/Maintenance work as
	required in MRF on
	It works smoothly
	$\sim$
Technical Staff	1
HOD	Technical Staff
Approved/Rejected with remarks	· Mil



MRF/ACDSR

#### AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

Date:

MEEYANOOR P.O,KOLLAM-37, TEL: 0474-2722350/370

From	T	0
	Name: Dr. Roopesh  Designation: HOD of Proffessor  Dept.: OMFS:	The Director, ACDSR
	Designation: HOD & Proffessor	
	Dept. : OMFS	
	Repairs & Maintenance Wor	
	I report the following repair and maintenance work	
SI.	Nature of Work	Place of Work
No.		
1.	Only 6 chases are unerking	Ubi Clinic
2.	5 fans are not warking	Uar Minic
3.	small Cuppend in the Sterilization	. Uh Clinic.
	new one.	Completion/Non-Completion
Jan 19 3	iff who submits the Maintenance Required form (MRF)	Report
	mmendation with estimated cost of the work(attach details)	
1 17		
		Completed the
100		Repair/Maintenance work as required in MRF on
100		It works smoothly
Luis C		
		25
Techr	nical Staff	Technical Staff



MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2722350/370

			/ A		$\overline{}$	SR	77
M	к	37	ΙД	гез		NK	
					_		•

Date: 14/11/23

From

Name

: Dr Harikrishnan B P

The Director, ACDSR

Designation: Reader

Dept.

:Periodontics

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work
No.	Physics & Black Constitution	Wash Charles to the Control of the C
I	Ultrasonic scaler not functioning	UG- 3 nos
	<b>Y</b>	Completion/Non-Completion
Nam of sta	e and Signature: Dr Harikrishnan B P  aff who submits the Maintenance Required form(MRF	Report
Reco	immendation with estimated cost of the work(attach de	etails)
		Completed the
		Repair/Maintenance work as
		required in MRF on
		It works smoothly
	<b>\</b>	a so
	nical Staff	Technical Staff
App	roved/Rejected with remarks	



MEEYANOOR P.O,KOLLAM-37, TEL: 0474-2722350/370

	A CONTRACTOR OF THE PARTY OF TH	
MADE	/ACDSR	
IVIII	ACDON	

8/12/23

From

To

Name

: Dr Dhanya

The Director, ACDSR

Designation: Senior Lecture

Dept.

: Prosthedonhice

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

ST.	Nature of Work	Place of Work
No.		
	Acrylic taimnes, Dewaring Unit, Cast Wimmer, Dental chairs	Od Crimic.
30 %	Auglichimer	PRECLINICAL LAB
Nami	e and Signature: De Dhange V H Stanger H	Completion/Non-Completion
of sta	off who submits the Maintenance Required form(MRF)	Report
Reco	mmendation with estimated cost of the work/attach details	
Reco	mmendation with estimated cost of the work(attach details	
Reco	mmendation with estimated cost of the work(attach details .	
Reco	mmendation with estimated cost of the work(attach details .	
Reco	mmendation with estimated cost of the work(attach details	
Reco	mmendation with estimated cost of the work(attach details	
Reco	mmendation with estimated cost of the work(attach details	Repair/Maintenance work as required in MRF on
Reco	mmendation with estimated cost of the work(attach details	
Reco	mmendation with estimated cost of the work(attach details	Repair/Maintenance work as required in MRF on
Reco	mmendation with estimated cost of the work(attach details	Repair/Maintenance work as required in MRF on
Recor	mmendation with estimated cost of the work(attach details	Repair/Maintenance work as required in MRF on
	mical Staff  hical Staff	Repair/Maintenance work as required in MRF on



MEEYANOOR P.O,KOLLAM-37, TEL: 0474-2722350/370

MRF/ACDSR				Date:	8/12/23
From			То		
	Dr Lijo Z Senar L	tachanáh	The Di	rector,A	CDSR
Designation :	Senar L	ectures	0		
Dept. :	Pediatrie	and preve	ulive de	nlustry	

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work
No.	Territorial Derivatives	
1.	Suction 3 three way syringe not weeking in chair and working in chair 2,3	g 4G.
2.	Ais rotor not working in chair 2,3	40
	Repoir needed for chains in Pa dept	PG
Name	e and Signature: Lygarhanah  off who submits the Maintenance Required form(MRF)	Completion/Non-Completion Report
Reco	mmendation with estimated cost of the work(attach details)	
		Completed the
		Repair/Maintenance work as
		required in MRF on
		It works smoothly
		Kiral makes and the
		60
		45

Approved/Rejected with remarks

PRINCIPAL



MRF/ACDSR

Name

From

#### AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

To

The Director, ACDSR

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2722350/370

: DI HS Deexa

	Designation: Profenos a NOD	
	Dept. : Oral Medicine 6	Radidy
		<i>t</i> /
	Repairs & Mainten	
	I report the following repair and mainten	
	SI. Nature of Work	Place of Work
	No. 24 1122	L PRO.
	1 Water leakage Informed D	Director Paga - OMR.
	2 . 25/11/22 Stains present on Horo of	Raduly Informed PRO - Reached byy  distracted - OMR  Completion/Non-Completion
	3 30/01/2025. Tray area of chair of	distanted -OMR
	Name and Signature: Maintenance frios to Un	Completion/Non-Completion
	Name and Signature: "Jaintenance pura to Un	niverity exciteport
н	of staff who submits the Maintenance Required form Recommendation with estimated cost of the work(atta	Completed
	5 27 18/22 - Novement Earer of	OPG Mauline Dodal
		·
		Completed the
		Repair/Maintenance work as
1		required in MRF on
		It works smoothly
		Y/
	(D)	YX (52)
Ī	Technical Staff HOD	Technical Staff
	Approved/Rejected with remarks	
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		PERINCIPAL
		MEETYANOUR, NOLUMINOUT S'



#### AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O,KOLLAM-37, TEL: 0474-2722350/370

MRF/A	CDSR		mini i	a white in	Date:  1   12   23
From	35 67	e Printer.		То	
1	Name	: Da Priyon: Semon	ia Ray	The	Director,ACDSR
	Designation	on: Semal	Lechun		
	Dept.	: Outhor	lendics		

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI. Nature of Work	Place of Work
No.	1
1 AIROTOR	Osthockentics
2 TRIMMER	Osthodontics Osthodontics depo
3 CHAIR NO 1 AND 2	Osthoclouties
	Completion/Non-Completion
Name and Signature :	Report
of staff who submits the Maintenance Required form(MRF)	
	Completed the
	Repair/Maintenance work as required in MRF on
	It works smoothly
Technical Staff	Technical Staff



To

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2722350/370

MADE	IACDED
IVINE	/ACDSR

Date: 8/11/2023

From

The Director, ACDSR

Name : De Nisha B. Kurup The Dir Designation: Reader Dept. : Conservative Dentiby & Endodon'lics

#### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work	
No.			
1.	Air pressure complaint q	water leakage - UG - chair No: 1	6,2
2 .	Ari pressure complaint q	sater lenkage PG schair No 2,	10
		N. Control of the con	
	e and Signature : Dr Nis ha B		letion
of sta	aff who submits the Maintenance Re	quired form(MRE)	
Reco	mmendation with estimated cost of t	ne work(attach details)	
Reco	mmendation with estimated cost of t	ne work(attach details)	
Reco	mmendation with estimated cost of t	ne work(attach details)	
Reco	mmendation with estimated cost of t	ne work(attach details)  Completed the	
Reco	mmendation with estimated cost of t		ork as
Reco	mmendation with estimated cost of t	Completed the	ork as
Reco	mmendation with estimated cost of t	Completed the Repair/Maintenance wo	ork as
Reco	mmendation with estimated cost of t	Completed the  Repair/Maintenance wo required in MRF on	ork as
Reco	mmendation with estimated cost of t	Completed the  Repair/Maintenance wo required in MRF on	ork as
Reco	mmendation with estimated cost of t	Completed the  Repair/Maintenance wo required in MRF on	ork as
Reco	mmendation with estimated cost of t	Completed the  Repair/Maintenance wo required in MRF on	ork as
	mmendation with estimated cost of t	Completed the  Repair/Maintenance wo required in MRF on	ork as

PRINCIPAL

## COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

To

MRF/ACDSR

Date: 01/08/17

From

Name : Dx Gibi Babu

Designation: Series Lectures

Dept : Pronthecloritis

The Director, ACDSR

### Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work
	chair not working - Chair no: 1,2,51	UG
		PG.
Nam of St	ne and Signature: Dr Gilli BAB Parcio taff who submits the Maintenance Required Form (F)	Completion/Non- Completion Report
Reco	ommendation with estimated cost of the work(attach details)	
		Completed the Repair/Maintenance work as required in MRF on It works smoothly.
	And In	works smoothly.

#### **COLLEGE OF DENTAL SCIENCES AND RESEARCH**

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 1309 2017

From

To

Name

The Director, ACDSR

Designation:

Dept

: De Gibi Babu : Prothodorlics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work		Place of Work
No.			
	coolant not working for the	carting	Ceramic Lab
	machines.	0	Ceranic Lab.
2	Non working Sand blasting Unit	t.	
Nar	me and Signature: DR Cubi Babu 1	polidep.	Completion/Non- Completion Report
	The state of the s		
(MI	RF)		
_	RF) commendation with estimated cost of the work(atta	ich details)	
Rec		ich details)	
_		ch details)	Completed the Repair/Maintenance work as required in
_		och details)	Repair/Maintenance work as required in MRF on
_		och details)	Repair/Maintenance work as required in
_		ich details)	Repair/Maintenance work as required in MRF on
_		ich details)	Repair/Maintenance work as required in MRF on

### **COLLEGE OF DENTAL SCIENCES AND RESEARCH**

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR	Date: 4 / 10 low
From To	Date: 4/12/2021
Name · D. Der Con Th	Director ACDCD
Name : De Druge Somer The Designation: Senor Lutures	ie Director, ACDSR
Dont	
Dept : Conservative Dentst	y a Endodonles
Repairs & Maintenance Wor	k-Type
report the following repair and maintenance work for you	r immediate action
SI. Nature of Work	Place of Work
1. Short Cicut in now-2 and sow-3 in Prechrual Phaton Und	V. G. Bechurch
2. General Mauriane & U.G. Denley Chares wichness.	V.G Chous-
Name and Signature Du Druga Somen Trype.	Completion/Non- Completion Report
the Maintenance	
Required Form (MRF)	
Recommendation with estimated cost of the work(attach details	(3)
	Completed the
	Repair/Maintenance
	work as required in in MRF on
	It works smoothly.
	it trong shooting.
10	1
and a land	N
48	22
Technical Staff  HOD P  AZEEZIA C	RINGLEANICAL Staff OLLEGE OF DENIAL

MEEYYANOOR, KOLLAN

PRINCIPAL

#### **COLLEGE OF DENTAL SCIENCES AND RESEARCH**

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR			Date: 20/6/20
From			To
Name	: De Praven	G	The Director, ACDSR
Designati	on: Pagenon	/	
Dept	on: Pajenar : Conservatur	Dentis	ily
	Repairs & Maint	enance	Work-Type

SI. No.	Nature of Work	Place of Work
1. Ele	e trie usices related to fan - one row	UG section.
2. Wa	la leakage from inlet value to one	UG no: 15.
Name an	d Signature Paweenah	Completion/Non-
	o submits intenance d Form	Completion Report
Pacamm	and attack with a start of the	
Recomm	endation with estimated cost of the work(attach details)	
Recomm	endation with estimated cost of the work(attach details)	Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
O	endation with estimated cost of the work(attach details)	Repair/Maintenance work as required in in MRF on

Approved/Rejected with remarks

SCIENCES AND RESEA MEEYYANOOR, KOLLAM-691 537

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

	Date: 6/2/2017
MRF/ACDSR	Date:
From To Name : Dr Malu Th	e Director,ACDSR
Designation: Script Lectures.	
Name : Dr Malu Th Designation : Scrier Lecturus Dept : pedodontics	
Repairs & Maintenance World	c-Type
I report the following repair and maintenance work for you	
SI. Nature of Work	Place of Work
Charle No: 1 - Light & Sietion not work	PG
Chair No: 2 - Water haloge, and harling	UG
Amalgamator & Apon locator not working	
Name and Signature: D. Malu of Staff who submits the Maintenance Required Form (MRF)	Completion/Non- Completion Report
Recommendation with estimated cost of the work(attach details)	
	Completed the Repair/Maintenance work as required in MRF on It works smoothly.
Technical Staff  Technical Staff	
Approved/Rejected with remarks	Technical Staff  PRINCIPAL  AZC SQUEGG CO

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR			Date: 14 2018
From	: n : :	De Dharya Serior Lecturar Pedodontio.	To The Director, ACDSR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI.	Nature of Work	Place of Work
No.	hair no: 7- Chair edjustment not a	oorking UG
	hair No: 7 - Chair edjistment not we chair No: 9 - water Leakage. Chair No: 2 Light not working	PG,
	Neidle distroya not waking	30
lame	and Signature: Dhenye ff who submits the Maintenance Required Form	Completion/Non- Completion Report
Recom	nmendation with estimated cost of the work(attach d	etails)
	•	Completed the Repair/Maintenance work as required in MRF on
		It works smoothly.
		1
	Que de la companya del companya de la companya de la companya del companya de la	8 4
Tech	Thios	Technical Staff  PHINCIPAL  AZE ZE COLLEGE OF DE  SCIENTA AND DESCRIPTION OF THE SCIENCE OF THE

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-2	- •
•	Date: 14 5 20
MRF/ACDSR To	
From Name : D SIDDIK A The	Director,ACDSR
Name : X STOOM	
Designation: Series Limit.	
Designation: Series Lecture.  Dept: pedo dontris	
a Maintanance Work-	Type
I report the following repair and maintenance work for your i	mmediate action
CMank	Place of Work
SI. Nature of Work	
Oher No: 2 Light not working their No: 10 Airota & Entrois not working	6.00
Chair No: 10 Airata & milion no working	0.0
Oran No: 4 Chair adjustment not working	D C
Via autoclave not working.	
O'G and orthog you	Completion/Non-
Name and Signature: On SIDDIK AND SIDDIK AND SIDDIK AND SIDDIK SIDIK SI	Completion Report
of Staff who submits the Maintenance	
(MRF) Recommendation with estimated cost of the work(attach details)	,
Recommendation with cosmo	
	Completed the
	Repair/Maintenance
	work as required in
	MRF on It works smoothly.
	Zinootilly.
The state of the s	+ 4
4 5 2021 HOD	Tochai
Technical Staff HOD	Technical Staff
Approved/Rejected with remarks	STELLES AND RESE

# COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR
-----------

From

Name : Dr Haw/Linhun Designation: Sever Colling Dept : Revolution

To

The Director, ACDSR

Date: 20/1/2011

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

SI. No.	Nature of Work	Place of Work
0	Chery Sunio needed - 1) light providers 2) water control of working	Pa ograbuly
Name	e and Signature: Do Hawkey Mary	Completion/Non-
of St (MR	aff who submits the Maintenance Required Form	Completion Report
		Completed the Repair/Maintenance work as required in
		MRF on It works smoothly.
	Jun 1	In
<	25	

Approved/Rejected with remarks

MEEYYANOOR, KOLLAM-691 537