**Docket No…….**

**Complain Docket form for E-office Application**

**IT Cell- DoT.**

**Dated………………..**

|  |  |  |
| --- | --- | --- |
| **Sr No.** | **Item** | **Details** |
| 1. | Name of User |  | Room No. |
| Designation |  |  |
| 2. | Employee code |  | Name/Emp. Code of reporting Officer |  |
| 3. | Name of section/ Div. |  |  |
| 4. | Mobile No./EPABX No. |  |
| 5. | NIC Mail address |  |
| 6. | Name of module in which problem faced |  |
| 7. | **Description of problem** |  |

**Signature of user**

|  |  |  |
| --- | --- | --- |
| 8. | Observation by attendee regarding version(i)Avail. O/S(ii)Scanner (M/M).(iii)Printer (M/M).(iv) Browser |  |
| 9. | Remarks by attendee |  |

 **Dated …………………… Attendee**