

**Appendix - K**

**FORMAT FOR SENDING SERVICE CALL REPORT**

**INCIDENT REPORT FOR THE QE .....**

| Sl. No. | Branch DP Code | Branch Name | Regional office | Asset Category | Configuration Item Name | Incident Description | Incident logged on with time | Resolve Date with time | Close Date with time | Status | Age of Call(Days:Hrs:Mins) | Resolution Code Description | Resolution Method Description | Remarks |
|---------|----------------|-------------|-----------------|----------------|-------------------------|----------------------|------------------------------|------------------------|----------------------|--------|----------------------------|-----------------------------|-------------------------------|---------|
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |
|         |                |             |                 |                |                         |                      |                              |                        |                      |        |                            |                             |                               |         |

Place:  
Date:

Signature of Authorised Official with Seal