

INSTALLATION REPORT

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Name	:	Contact No. :	Contact No. :	
Addres	ss:			
Reference No./ID :		Date :/		
S. No.	ltem	Serial Number	Received & Working (Yes/No)	
			1	

Fredheal / Develope (If Ann.)					
Feedback / Remarks (If Any):					
Insta	Installed & Received the above items in Working & Good condition.				

Installed & Tested By	Checked By	
Engineer's Name	Name	
Signature	Contact No.	
Date	Seal and Sign	