



Women University Swabi

Individual Service Required Form IT Section

Date	Time

Mark appreciate Field	Service Required
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----- Network	-----Hardware	-----Software	----- Other
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You will be charge some for resolving your personal query.

Sr.No

Your Information

Name:	Faculty/Staff/Student:
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Name of Department:

Email ID:

Contact:

Mention the Service /Support Required

If more space is required, Please use blank paper and attach to form.

For Office Use

Service provider has to fill the following details with the consent of complaint.

Expected time to Complete:

Is Service Provided?	Date : DD/MM/Y	Is the Problem Solved
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Name of Service Provider	Signature:
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