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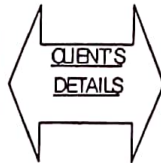
INSTALLATION TRAINING & SERVICE FORM

Complete this form at the time of installation & training of the NEW VISSION / SMART VISSION interactive products and file the completed form as outlined below:

INSTALLATION TRAINING SERVICE

DATE OF INSTALLATION: 25/6/19

CLIENT NAME _____
ADDRESS RAJDHANI College.
Bhubaneswar
STATE Odisha PINCODE _____
CONTACT No. _____ FAX No. _____



CONTACT PERSON: Dr Sasmita Injapal
DESIGNATION: Principal
CONTACT No: 9338295296
WORKING HOURS 11 AM to 5 P.M.

TRAINING ATTENDEES

NO. OF ATTENDEES

NAMES

PRODUCT DETAILS

Product Name Model Serial No.

HD Camera installation done successfully and working if OK.		
SV. HD20B		

Service Check points

- White Board/ IB
- IRIS Device
- Software/ Content
- MINI PC System
- Projector
- Virtual Classroom
- Visualizer
- Audio System

FOR OFFICE USE ONLY

ACCOUNT BY: _____

INSTALLER/ RESOURCE ALLOCATED:

Rakesh Kumar

CONTACT No: 9650612024

QTY/ STATE New Delhi

SIGNATURE Rakesh

WE CERTIFY THAT INSTALLATION & TRAINING HAS DONE SATISFACTORILY. TECHNICALLY VERIFIED AS PER SPECIFICATIONS

S. Injapal
25.6.19
Authority Signature & Stamp
RAJDHANI COLLEGE
BHUBANESHWAR

Others/ Remarks: