

NOTE: Installation Report (completely filled and signed by all concerned) will have to be deposited to Office of Director-Computer Centre, AMU, Aligarh, for creation of CCAID in CMDB (Configuration Management Database) of AMU.

Rev-1.0 Date:01.02.2015

## Air Conditioner Installation Report

Funding Agency:	→ Externally Funded Project <input type="checkbox"/>	Purchase from University Funds <input type="checkbox"/>
Head of Account:	→ Code: _____	Description: _____
Purchase Order No.:	→ _____	P. O. Date: _____
Date of P.O. Delivery to Supplier:	→ _____	
Delivery Challan No.	→ _____	Delivery Challan Date: _____
Installation date	→ _____	
Warranty valid upto:	→ _____	
OEM (Original Equipment Manufacturer):	→ Name: _____	(Website: _____)
Supplier Invoice No.	→ _____	Invoice Date: _____
Invoice Value ( in Indian Rupees)	→ _____	

### Details of Technical Specifications

Air-Conditioner:	→ Make _____ Model _____	OEM Serial No. _____
AC Type	→ Split <input type="checkbox"/>	Window <input type="checkbox"/> CP <input type="checkbox"/> VRF <input type="checkbox"/>
Capacity (TR/HP/KW):	→ _____ Ton	
Star Rating:	→ 3Star <input type="checkbox"/>	4 Star <input type="checkbox"/> 5 Star <input type="checkbox"/>
Power Supply Required by AC:	→ Single Phase <input type="checkbox"/>	Three Phase <input type="checkbox"/>
Operation	→ Only Heating <input type="checkbox"/>	Only Cooling <input type="checkbox"/> Both <input type="checkbox"/>
Current Range (AMPS)	→ _____ (AMPS)	
Installation Items:	→ Power Box with MCB(Range) _____ <input type="checkbox"/>	Bracket Stand <input type="checkbox"/> PVC Drain Pipe(Length) _____ <input type="checkbox"/>
Recommended Service Frequency:	→ Monthly <input type="checkbox"/>	(Others)Quarterly <input type="checkbox"/>
CFM (cubic feet per minute):	→ _____	
Refrigerant:	→ _____	
Compressor Type:	→ _____	
Design Ambient Range:	→ _____	
Condenser Type	→ Air Cooled <input type="checkbox"/>	Water Cooled <input type="checkbox"/>
Stabilizer Provided:	→ ____ (Y/N), If Yes, Make/Model: _____ Voltage Range: _____ Winding Material _____	

### Warranty Support

Compressor Warranty Period:	→ Start Date _____	End Date _____
AC Warranty Period:	→ Start Date _____	End Date _____
Supplier's E-Mail-ID (Warranty Support):	→ _____	
Supplier's Phone# (Warranty Support):	→ _____	
OEM's E-Mail-ID (Warranty Support):	→ _____	
OEM's Phone# (Warranty Support):	→ _____	
Registered with OEM(for Warranty Support, as per entitlement of AMU):	→ _____ (YES / NO )	Regn# _____ Regn-Date: _____
Warranty Support SLA	→ Response Time: _____	Resolution Time: _____
Supplier's Website (Warranty Support):	→ _____	
OEM's Website (Warranty Support):	→ _____	

**Important Information (regarding warranty support):**  
 For any support during warranty period, end-user will have to contact supplier/OEM on the Phone Number(s)/ E-Mail IDs/Websites, mentioned above, and acquire support ticket number. A log of all the Support Tickets (Incident Numbers) is important to be retained by end-user, for future references and also for any escalations through Computer Centre.

**Timings of Telephonic Support (during Warranty Period):**  
 Supplier's Timings: \_\_\_\_\_ (Weekdays) / \_\_\_\_\_ (Sundays/Holidays)  
 OEM's Timings: \_\_\_\_\_ (Weekdays) / \_\_\_\_\_ (Sundays/Holidays)

### CERTIFICATE FROM USER'S DEPARTMENT

Verified that the material has been received in good condition, strictly according to the specifications as given in the purchase order. The same has been successfully installed and accepted by \_\_\_\_\_ of \_\_\_\_\_ . Stock entry has also been made on Page No. \_\_\_\_\_ of relevant stock register:

Name: \_\_\_\_\_  
 Role: Installation Engineer  
 Mobile: \_\_\_\_\_  
 E-Mail ID: \_\_\_\_\_  
 Rep. of Supplier/OEM: \_\_\_\_\_  
 Seal: \_\_\_\_\_

Signature: \_\_\_\_\_  
 (Dean/Principal/Chairman / Head of Office)  
 Seal: \_\_\_\_\_

Name(s): \_\_\_\_\_  
 Role: Installation & Verification Team (from End-User Dept. of AMU)  
 Rep. of : \_\_\_\_\_  
 Seal: \_\_\_\_\_

AMU-CCAID # (issued by Computer Centre): \_\_\_\_\_