



**RELATION / SERVICE CALL / JOB SHEET**

Sl. No. **1493** CUSTOMER COPY

Customer Name: **Amala Hospital**  
Address: **Amala Hospital Thrissur**  
Contact Person: **Jison**  
Mobile No.:

Product: **Washer Escuder** Model: **RVWE60** Serial No.: M/C Status: WTY/AMC/OG  
DOP: DOI: DOE:  
AMC/EW: AMC/EW No.: From: To:

Call Type: Pre Installation  Site Visit  Installation  Commission  Warranty  AMC  Out of Warranty  MC Visit

Problem: **Heater condenser complaint** Customer's Voice: **Heater fan not working**  
Call Date: Call Center Remarks:

Part Code	Part Name	Action Taken	Quantity	Rate	Amount
RVWE-60	3 Nos	60101629	30, 31		
RVWE-20	1 Nos	166629	29		
	Std work item	210			
	RD-60	1 No	192378		
	All m/c are checked		No issues		
	All are working in condition				

ACD/ADT Code	ACD/ADT Name	Quantity	Rate	Amount

SI. No.	Date	In-Time	Out-Time	Pending Reason	Date	Ticket No.	Problem

AMC/ICR: Service ICR: ICR Date: Cash Cheque: Cheque No: Cheque Date: Bank:

AMC/EW(Rs.): Service Charge (Rs.): Install Charge (Rs.): Re-Install Charge (Rs.): Transport (Rs.): Other Charge (Rs.): Net Total (Rs.):

Work done Details: **Heater and condenser changed and condenser changed. Now machine normal again.**

Engg Name: **Edwin** Assign Date: **29/01/25** Engg Sign: **[Signature]** I am completely satisfied with the service carried on IFB Machine. Constable signature: **[Signature]**

If pending - Reasons:

Please Insist for Invoice cum Receipt (ICR) before making payment \*Please issue Cheque/DD in favour of "IFB Industries Ltd." Contact us : 1800 4255678 (BSNL Land MTNL users) or 1619300-5678 (other users) visit us on www.ifbappliances.com | E-mail : ifb\_laundryservice@ifbglobal.com

*Betsy*



**Dr. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL

LAUNDRY SERVICES – PREVENTIVE MAINTENANCE REGISTERED AMALAIMS  
AMALA INSTITUTE OF MEDICAL SCIENCES  
THRISUR-680 555



# INSTALLATION / SERVICE CALL / JOB SHEET

Sl. No.	2066	CUSTOMER COPY
Address: <u>Amala Nagar, Thrissur, Kerala</u>		
Contact Person:		
Mobile No.:		

Customer Code: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_  
 Alt No.: \_\_\_\_\_  
 Customer Name: Amala hospital  
 Landline No.: \_\_\_\_\_  
 E-mail No.: \_\_\_\_\_

Product: washed extractor Model: RWEG 60 Serial No.: \_\_\_\_\_ M/C Status: WTY/AMC/OG  
 DOP: \_\_\_\_\_ DOI: \_\_\_\_\_ DOE: \_\_\_\_\_  
 AMC / EW: \_\_\_\_\_ AMC / EW No.: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Call Type: Pre Installation  Site Visit  Installation  Commission  Warranty  AMC  Out of Warranty  MC Visit

Problem: Body dismantling and painting Customer's Voice: \_\_\_\_\_  
 Call Date: 16/05/25 Call Center Remarks: \_\_\_\_\_

Part Code	Part Name	Action Taken	Quantity	Rate	Amount
<u>* Shock absorber sound reported</u>					
<u>* RWEG 60 - 3nos</u>	<u>60101629</u>		<u>30, 31</u>		
<u>* RWEG 20 - 1nos</u>	<u>66028</u>		<u>129,</u>		
<u>* Flat wash iron</u>	<u>5 - 2 nos</u>				
<u>* RTD 60 - 1nos</u>	<u>492518</u>				
<u>* VIT Steamer Tanking</u>					

ACD/ADT Code	ACD/ADT Name	Quantity	Rate	Amount

Visit History					SO History		
Sl. No.	Date	In-Time	Out-Time	Pending Reason	Date	Ticket No.	Problem

AMC ICR : _____ Service ICR : _____ ICR Date : _____ Cash Cheque : _____ Cheque No : _____ Cheque Date : _____ Bank : _____	AMC/EW(Rs.) _____ Service Charge (Rs.) _____ Install Charge (Rs.) _____ Re-Install Charge (Rs.) _____ Transport (Rs.) _____ Other Charge (Rs.) _____ Net Total (Rs.) _____	Work done Details: <u>Shock absorber - 4 nos</u> <u>grease feeding cup - 6 nos</u> <u>PLC Steamer 2 nos</u>
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Engg Name: Lijo I am completely satisfied with the service carried on IFB Machine  
 Assign Date: 16/05/25  
 Engg Sign: [Signature] 16/5/25  
 Customer signature

Please Insist for Invoice cum Receipt (ICR) before making payment \*Please issue Cheque/DD in favour of **IFB Industries Ltd.**  
 Contact us : 1800 4255678 (BSNL Land MTNL users) or 1800-3000-5678 (Other BSNL users) or 1800-3000-5678 (Other BSNL users) | E-mail: [ifblaundryservice@ifbglobal.com](mailto:ifblaundryservice@ifbglobal.com)

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**RELATION / SERVICE CALL / JOB SHEET**

Sl. No. **1493**

CUSTOMER COPY

Customer Name: **Amala Hospital**

Address: **Amala Hospital  
Thiruvananthapuram**

Landline No.:

Contact Person: **Vishu**

E-mail No.:

Mobile No.:

Product: **Washer Extractor** Model: **RVWE60** Serial No.: M/C Status: WTY/AMC/OG

DOP: DOI: DOE:

AMC/EW: AMC/EW No.: From: To:

Call Type: Pre Installation  Site Visit  Installation  Commission  Warranty  AMC  Out of Warranty  MC Visit

Problem: **Heater condenser complement** Customer's Voice: **Heater fan not working**

Call Date: Call Center Remarks:

Product

VOC/Problem

Spare

ACD/ADT

Visit History

Part Code	Part Name	Action Taken	Quantity	Rate	Amount
	<b>RVWE-60</b>	<b>3 Nos 60101629</b>	<b>30/31</b>		
	<b>RVWE-20</b>	<b>1 Nos. 166628</b>	<b>29</b>		
	<b>Hot wire 10m</b>	<b>210</b>			
	<b>ROD-60</b>	<b>1 Nos 492570</b>			
	<b>All wire and check</b>	<b>No issues</b>			
	<b>All are in perfect condition</b>				

ACD/ADT Code	ACD/ADT Name	Quantity	Rate	Amount

Sl. No.	Date	In-Time	Out-Time	Pending Reason	Date	Ticket No.	Problem

AMC ICR:	AMC/EW(Rs.)
Service ICR:	Service Charge (Rs.)
ICR Date:	Install Charge (Rs.)
Cash Cheque:	Re-Install Charge (Rs.)
Cheque No.:	Transport (Rs.)
Cheque Date:	Other Charge (Rs.)
Bank:	Net Total (Rs.)

Work done Details: **Heater and condenser changed and condenser changed. Now machine normal turn.**

Engg Name: **Edwin**  
 Assign Date: **29/01/25**  
 Engg Sign: **[Signature]**  
 I am completely satisfied with the service carried on IFB Machine  
**[Signature]** Customer signature

If pending - Reasons:

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# IFB INSTALLATION / SERVICE CALL / JOB SHEET

Sl. No. **1428**

CUSTOMER COPY

Customer Code: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_  
 Alt No.: \_\_\_\_\_  
 Customer Name: **Amala**

Address: **Star Hospital**  
**Thrissur**  
 Contact Person: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_

Product: \_\_\_\_\_ Model: **RVWG-60** Serial No.: **387511-2, VIT-2** M/C Status: **WTY/AMC/OG**  
 DOP: \_\_\_\_\_ DOI: \_\_\_\_\_ DOE: \_\_\_\_\_  
 AMC / EW: \_\_\_\_\_ AMC / EW No.: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Call Type: Pre Installation  Site Visit  Installation  Commission  Warranty  AMC  Out of Warranty  MC Visit

Problem: **mandatory visit And Flat work Ironer Board Print**  
 Call Date: \_\_\_\_\_ Customer's Voice: \_\_\_\_\_  
 Call Center Remarks: \_\_\_\_\_

Part Code	Part Name	Action Taken	Quantity	Rate	Amount
	<b>RVWG 60</b>		<b>3</b>	<b>(629, 630, 631)</b>	
	<b>Flat work Ironer</b>		<b>2</b>	<b>(028, 029)</b>	
	<b>VIT A Boiler</b>		<b>1</b>	<b>(780)</b>	

ACD/ADT Code	ACD/ADT Name	Quantity	Rate	Amount

Sl. No.	Date	In-Time	Out-Time	Pending Reason	Date	Ticket No.	Problem

AMC ICR: \_\_\_\_\_  
 Service ICR: \_\_\_\_\_  
 ICR Date: \_\_\_\_\_  
 Cash Cheque: \_\_\_\_\_  
 Cheque No: \_\_\_\_\_  
 Cheque Date: \_\_\_\_\_  
 Bank: \_\_\_\_\_

AMC/EW(Rs.): \_\_\_\_\_  
 Service Charge (Rs.): \_\_\_\_\_  
 Install Charge (Rs.): \_\_\_\_\_  
 Re-Install Charge (Rs.): \_\_\_\_\_  
 Transport (Rs.): \_\_\_\_\_  
 Other Charge (Rs.): \_\_\_\_\_  
 Net Total (Rs.): \_\_\_\_\_

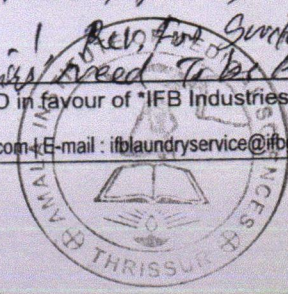
Work done Details: **RVWG-60 machines Ironer upms and Belt checking and flat work Ironer Belt-p and rollers & contacts replaced**

Engg Name: **Lily**  
 Assign Date: **11/10/24**  
 Engg Sign: \_\_\_\_\_  
 I am completely satisfied with the service carried on IFB Machine  
 Constomer signature: \_\_\_\_\_

If pending - Reasons: **Ironing Belt - 3, Jamo's Tem sensor limit switch - 1, Rev. for Switch - 1, this repair need to be replaced**

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 AMALA NAGAR, THRISSUR-680 555



RELATION / SERVICE CALL / JOB SHEET

Sl. No. 1489

CUSTOMER COPY

Code

Customer Name: Amala

Address: Amala Hospital  
(Thiruvallur)

File No.:

Landline No.:

Contact Person:

Alt No.:

E-mail No.:

Mobile No.:

M/C Status: WTY/AMC/OG

Product: *Washer* Model: *RVWE-60* Serial No.:

DOP: *Plastwork Comp* DOI: *RTD-60* DOE:

AMC/EW: AMC/EW No.: From: To:

Call Type: Pre Installation  Site Visit  Installation  Commission  Warranty  AMC  Out of Warranty  MC Visit

Problem:

Customer's Voice:

Call Date:

Call Center Remarks:

Part Code	Part Name	Action Taken	Quantity	Rate	Amount
<i>Note:</i>	<i>RVWE-60 3 NOS</i>		<i>6001609, 30, 31,</i>		
	<i>RVWE 20 1 NOS</i>		<i>1666028, 25,</i>		
	<i>Plastwork 2 NOS</i>		<i>4925 780</i>		
	<i>RTD-60 1 NOS</i>				

*All machine & condicator right and parts done All smooth now normal running*

ACD/ADT Code	ACD/ADT Name	Quantity	Rate	Amount

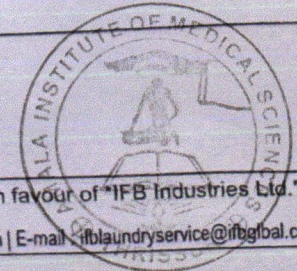
Sl. No.	Date	In-Time	Out-Time	Pending Reason	Date	Ticket No.	Problem

AMC ICR:	AMC/EW (Rs.)
Service ICR:	Service Charge (Rs.)
ICR Date:	Install Charge (Rs.)
Cash Cheque:	Re-Install Charge (Rs.)
Cheque No.:	Transport (Rs.)
Cheque Date:	Other Charge (Rs.)
Bank:	Net Total (Rs.)

Work done Details: *(pm) work complete*  
*Need to be chemical*  
*Box (300) Rate 55 weekly*

Engg Name: *Eduvin/Hepp*  
Assign Date: *25/11/24*  
Engg Sign: *[Signature]*  
I am completely satisfied with the service carried on IFB Machine  
Customer signature: *[Signature]* 25/11/24

If pending - Reasons:



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