



**THE GOVERNMENT SADIQ COLLEGE  
WOMEN UNIVERSITY BAHAWALPUR**  
DIRECTORATE OF INFORMATION TECHNOLOGY

Trouble Ticket Form			
TT #		TT Date:	
Complainant Name:		Department:	
Problem Statement			
Computer/Device Name		Model & MAC	
Assign to			
Visited by		Date of Visit	
Findings & Rectification			
TT Close Date:			

Note: - Please take your data backup in computer prior to any Windows installation.  
IT Personnel will not be responsible for any loss of Data.

Signature of Complainant

Signature of Network Administrator/IT Personnel

Signature of HOD

Signature of Director IT