**Electrical Service Request Form for Staff**

**Name : .**

**Mobile:**

**Quarter No:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Explain the nature of the service required** | **Propose convenient time and date below (be in the quarter during this time)** | **Remarks and Signature of Complainant (after attended with Date)** | **Supervisors remarks (Executed/Not executed)** |
|  |  |  |  |

**Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Contact No.** |
| Ugyen Tenzin+Leki Tshering+ Amber S | Electrician(2) & Helper(1) | 17709586/17536385/17370281 |

***Note:***

*This application must be submitted at (Room No. 214: Door) to depute the staff concerned on the proposed time and date as stated above.*