

University of Haripur

IT Services/Support Form

	DATE	TIME

Mark Appropriate field	Service Required for			
	<input type="checkbox"/> Network	<input type="checkbox"/> Software	<input type="checkbox"/> Hardware	<input type="checkbox"/> Others

Note: You will be charged some fee for resolving your personal query.

Sr. No.

Your Information		
Name	Faculty/ Staff/ Student	
Name of Department		
Email ID		
Mention the Service/Support Required		
If more space is required, please use blank paper and attach to form.		
For Official Use		
Service Provider has to fill the following details with the consent of a complainant.		
Is Services Provided?	Date _ _ _ _	Is Problem Solved
Name of the Service Provider		Signature of Complainant _____