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| ONLINE SERVICE SUPPORT FORM | | | | | | Dt. | | | | |  |
| Client Name | | |  | | | | | | | | |
| Caller’s Name | | |  | | | DESIGNATION | | | | |  |
| Eq. Type | | |  | | | | | | | | FLP / NON-FLP |
| M/c No. | | |  | | | | Yr of Supply | | | |  |
| Type of Panel | | |  | | | | Cut-off - | | Single / 2 / 3 Stage | | |
| Pack Sizes | | |  | | | | Material | |  | | |
| **PROBLEM IN** | | | PACKSIZE | | | | PRODUCT | | | | |
| SETTINGS | | |  | | | | | | | | |
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| STATUS |  | | | | | | | | | | |
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| MANUAL AVAILABLE | | | | YES / NO | REFERRED | | | | | YES / NO | |
| CHECKED BY CLIENT | | | |  | | | | | | | |
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| SOLUTN. GIVEN | | | |  | | | | | | | |
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| ACTION TAKEN | |  | | | | | | | | | |
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|  | | | | | ACTION TAKEN BY | | |  | | | |
| FOLLOW UP | REQ. / NOT REQ. | | | | | | | DT. | | | |

**ANY OTHER DETAILS:**