

Sudha Ventilating System Pvt. Ltd.

B-85, M.I.D.C., Ahmadnagar - 414 111.

Tel. No.: 0241-2777285, 6510285.

Installation Report

Customer: <u>M/s Escorts Limited</u> <u>Amg Plant 2</u> <u>Plot No 2 Sector 13</u> <u>Amalind</u>	Invoice No. / Date	
	Start Date: <u>7/04/2009</u>	Finish Date: <u>21/04/2009</u>
	Quantity Installed	<u>140</u>
Contact Person & Telephone No.	<u>Sanjay Puri</u> <u>9910998855</u>	<u>Neeraj Singh</u> <u>9910899325</u>

Customer Report (Please Tick)

- Installed 140 Nos. Satisfactorily.
- Balance 0 nos pending for installation.
- Refused on account of N/A

- | | Yes | No |
|-----------------------------------|-------------------------------------|-------------------------------------|
| 4. All fixing hardware confirmed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Water Test Carried out. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. All Wastage removed from top. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Customer Observation on Performance (Please Tick)

- All units rotating Yes
- 0 Nos. unit not rotating
- Temperature has come down by: Not measured degrees.
- Smoke going out Yes No
5. Any other remark ..
Good, Experienced, Skilled team for installations.

Customer Observation on Installation Team.

Remark :

- | | Yes | No |
|-----------------------|-------------------------------------|--------------------------|
| 1. Safety wear used | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Behavior Proper | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Working Skill Good | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Signature of Installing Technician

Name: [Signature]
Team: 9891337124

Customer Signature & Stamp

Name: Neeraj Singh
Designation: Chief Manager
Date: 21/4/09
ESCORTS LTD. AMG. PLANT - 2

AUTH. SIGNATORY