

Monthly Consolidate List of Machines after completion of PMS / Repair

Reference: work Order No: _____ Date: _____

Month and Year for PMS / Repair: _____ Dated _____

Sr No	Description	Model	Machine Sr. No	Department	Location	PMS/ Repair Date	Time Taken In PMS/Repair (Hrs/Day)	Remark

Total Nos of machines not maintained within time duration of two days: _____

Delay in Nos of Days: _____

Deduction (Rs) _____

Signature of Contractor

Signature & Seal of TSD Engineer