

Name of Client : <i>Sungam Hospital</i>	Complaint No. <i>New commissioning</i>
Address : <i>Toriveripusam Thirupri Prayagraj</i>	Complaint Received Date & Time <i>19/10/2023</i>
	Complaint Responded Date & Time
	Complaint Resolved Date & Time
Instruction from :	Model :
Nature of Complaint :	Sr. No. :
Defect Code :	GO No. :
Last Preventive Service Date :	AMC Period : <i>New Commissioning</i>

Description of Service : *Voltas VRF Systems has been installed successfully and all the details are :*

①	CDU Model no.	S/N	CKT Blue line
	<i>VXV-H500/SR1MV-SA</i>	<i>E0444A786237W062300003</i>	
②	<i>VXV-H500/SR1MV-SA</i>	<i>E0444A78237W062300010</i>	<i>-CKT- Yellow line</i>
③	<i>VXV-H560/SR1MV-1A</i>	<i>E0392A621127501230007</i>	<i>-CKT- Purple line.</i>

NOTE : For additional information write on back of the report.

Relevant readings before attending complaint

*Suction discharge CKT-1 = 110, CKT-115, CKT-3=118*  
*Return discharge - CKT-1 = 355, CKT-2 = 390, CKT-3 = 415*

Relevant readings after attending & completing complaint *necessary readings of VRF*

*Voltage - CKT-1 = 417, CKT-2 = 422, CKT-3 = 421*  
*Compressor AMP - CKT-1 = 20, CKT-2 = 21, CKT-3 = 20*  
*Motor AMP - CKT-1 = 5, CKT-2 = 6, CKT-3 = 5*  
~~AAA~~ *AMP - CKT-1 = 26, CKT-2 = 25, CKT-3 = 26*

Action required by customer :

*Voltage CKT-1 = 422, CKT-2 = 420, CKT-3 = 425*

Customer's Name : *Dr. Alok Rai*

Designation : *Owner*

Customer's remark if any : *work done working fine. Do not forget servicing.*

Kindly fill in the enclosed CSS form.

Service rendered by :

Name :

Signature :

**AIR INNOVATOR**  
 1B/G-2, Colvin Road  
 Civil Lines, Prayagraj-211001