



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान कोलकाता  
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH KOLKATA

FORM NO. R&D 35

Annual Maintenance Contract Form

01.	Instrument Name and details				
		Model No.		Serial No.	
02.	Procurement Details	Purchase Order No.		Date	
03.	Date of Installation of the Instrument				
04.	Date of Completion of Standard/Extended Warranty Period				
05.	Any Major fault during the warranty period (if yes, enclose copy of service Report/s)				
06.	Whether any previous AMC coverage was there	Yes/No			
	If yes, give details	Name of the Vendor	Start Date	End Date	Remark
					Satisfactory/Unsatisfactory
07.	Whether AMC/Service is to be placed with the OEM (Original Equipment Manufacturer) or authorized service provider	Yes/No			
08.	Category of Facility (Tick)	Institute Level			
		Department Level			
		Teaching (all equipments used for undergraduate teaching only; excluding BS-MS 5 <sup>th</sup> Year Project)			
09.	Whether the Instrument is operational or not	Yes/No			
10.	Name of In-charge of Instrument				
11.	AMC proposed	New / Renewal			
12.	Period of AMC proposed	From	To	years/months	
13.	Type of AMC proposed	Comprehensive/Non-Comprehensive/Preventive			

Contd. P/2

<b>14.</b>	AMC cost of Research/Teaching Enquipment (see Instiute Guidelines/ refer note below)	<b>Institute Fund (Rs.)</b>	<b>Department Project Account (DPA) (Rs.)</b>	<b>ARF/PDAP (only when there is a shortfall of DPA) (Rs.)</b>	<b>Total (Rs.)</b>

- ENCLOSURES: 1. Copy of letter to OEM/Authorised Agent
2. AMC Quotation
3. Previous Fault/Repair/Service Report(s)
4. Log Book

\_\_\_\_\_  
**Signature of In-Charge**

\_\_\_\_\_  
**HOD/HOC**

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**Approval Authority**

**Note:**

Policy (dated 21.01.2015) on funding for AMC costs of Research/Teaching Equipments:

Type of Equipment	AMC Cost to be paid from	
	Institute Fund	DPA
a Institute Level Faculty	100%	NIL
b Department Level Faculty	70%	30%
c Individual Faculty	50%	50%*
d Teaching Equipment	100%	NIL

\*In case of shortfal in DPA an individual faculty member may propose to pay it form his AFR/PDAP

**For Office Use**

1. Total Budget Provision for AMC:
2. Already spent:
3. Available balance: