



**BENAZIR BHUTTO SHAHEED UNIVERSITY LYARI
KARACHI SINDH**

Dated: / /2020

DEPARTMENT OF INFORMATION TECHNOLOGY
COMPLAINT/REQUISITION FORM

User Name: _____

Designation: _____

Department: _____

Nature of Complaint/Requisition: _____

H.O.D. / In charge

I.T. Supervisor

Remarks: (IT Wing)

Remarks By: _____ Signature: _____

Certificate

User Remarks/Receiving:

Signature

Note: Keep your data safe and secure, I.T. Wing will not be responsible for any kind of software/data loss during repair/installation.