

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 26/9/19.

NAME OF THE DEPARTMENT : Orthodontics.

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	3-way Syringe	2.	} Not working.
2	Retractor valve	1	
3	Suction valve & cup	1 set	
4	Tagel Switch	1	
5			

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEALS

*[Signature]*  
 Head of Department  
 Dep. of Orthodontics  
 K.L.E.S. Institute of Dental Sciences  
 BANGALORE.

To: Mr. Anoop  
*[Signature]*

SIGNATURE OF MAINTENANCE SECTION PERSONNEL FOR HAVING RECEIVED THE ABOVE EQUIPMENTS/INSTRUMENTS

DATE :

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 22/7/19

**DEPARTMENT OF PEDODONTICS**

NAME OF THE DEPARTMENT :

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Retrator Valve	1 NO	Replacement
2	Air Tube [2 chairs]	6 meters	Replacement
3	Chair No-11, 20 air regulator	2 No	Not working
4	Main air filter	1 NO	Required.
5	Micro motor chord S/No-4483	1 No	Not working.

*B. Mr. Anupappal*  
*Force*  
*[Signature]*

*[Signature]*  
22/7/19

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEAL  
PROFESSOR & H.O.D.  
Dept. Pedodontics & Preventive Dentistry  
K.L.E.S Institute of Dental Sciences &  
Research Centre

BANGALORE - 560 022

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE :

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 24/7/19

NAME OF THE DEPARTMENT : Con's & Endo

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	3way Storage.	2ND	
2	Suction elbow	1ND	
3	Light switch cap		
4	Reed Retractor wall	1ND	
5			

To: Mr. Anugappa

Dr. V. J. [Signature]  
Professor and HOD  
Dept. of Conservative Dentistry  
SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT WITH SEAL  
K.L.E.S' Institute of Dental Sciences  
BANGALORE - 560 022

DATE :

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.


INDENT FOR THE REPAIR WORKS

DATE : 22/7/19

NAME OF THE DEPARTMENT : Dpt of periodontics

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Suction p.c.B	1	not working
2	P Booster satel's c scher	1	" "
3	(Per) suction unit s.no- 834516.044		
4			
5			

  
22/7/19

  
SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT.WITH SEAL  
Professor & Head  
Dept. of Periodontics

DATE :

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 20-5-2019

NAME OF THE DEPARTMENT: O.M.F.S.

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	micrometer cord no-2962	1	Not working
2	Suction PCB (chair side)	1	Not working
3	Suction tip holder	2	Broken
4	Suction sencer	2	Replacement
5	suction cavity holder	1	Replacement
6	Centrifuge	1	Not working

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEAL

*[Handwritten signature]*

**Professor and HOD**

Dept. of Oral & Maxillofacial Surgery  
KLE Society's Dental College & Hospital  
Yeshwanthpur, Bangalore - 560 022

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE :



K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 5-10-20

NAME OF THE DEPARTMENT: Prosthodontics

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Acrylizer Control box	1	Not working
2	Hand Trimmer	1	Not working
3			
4			
5			

T. Anandappa  
@

20/10/20  
SIGNATURE OF THE HEAD IN CHARGE OF THE DEPT. WITH SEAL

PROFESSOR & HEAD  
DEPT OF PROSTHODONTICS  
K.L.E. SY'S INSTITUTE OF DENTAL SCIENCES  
BANGALORE

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE :

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 12-12-2020

NAME OF THE DEPARTMENT: O.M.F.S.

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	High suction Haldos	1	Not working
2	High suction pipes	2	Not working
3	switch Board	1	Burnt
4	suction Tub. 2mts.	1	Broken
5	suction P.C-B	1	Not working
6	chair motor	1	Not working.

*[Handwritten signature]*

Professor and HOD

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEAL

*[Faint stamp: Dept. of Oral Surgery, Society's Dental College & Hospital, Bangalore - 560 022]*

*[Handwritten signatures: To Mr. Anandappa, K. S. Rao]*

SIGNATURE OF MAINTENANCE SECTION PERSONNEL FOR HAVING RECEIVED THE ABOVE EQUIPMENTS/INSTRUMENTS

DATE:

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 17-11-2020

NAME OF THE DEPARTMENT : Oral & Maxillofacial Surgery

URGENT

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Dental Chairs light	1	not working
2	Computer socket	1	not working
3	board		
4			
5			

*[Handwritten signature]*

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT.WITH SEAL

**Professor and HOD**

Dept. of Oral & Maxillofacial Surgery  
KLE Society's Dental College & Hospital  
Yeshwanthpur, Bangalore - 560 022

*[Handwritten signature]*  
*[Handwritten signature]*

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE :



K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

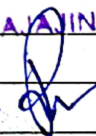
DATE: 02/11/20

NAME OF THE DEPARTMENT: K.L.E. Satellite clinic Rajajinagar Bangalore

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Three way syringe	01	- Not working
2	illumination light	01	- Not working -
3	Suction box		- not working -
4	Auto Chue PCB Brand	01	- not working
5			

K.L.E. SOCIETY'S  
INSTITUTE OF DENTAL SCIENCES  
SIGNATURE OF THE HEAD IN CHARGE OF THE DEPT. WITH SEAL  
RAJAJINAGAR

To Mr. Anjanappa  
@  
K.L.E. Society's Institute of Dental Sciences

DOCTOR:  DATE: 02/11/20

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE :

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 06/09/21

NAME OF THE DEPARTMENT : K.C.E. Satellite Clinic

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Table (Computer table)	01	Damaged table
2	Micromotor (Straight)	01	not working
3	Hand piece		
4			
5			

To, Shree / Mr. Anjanappa

SIGNATURE OF THE HEAD IN CHARGE OF THE DEPT. WITH SEAL  
 K.L.E. SOCIETY'S  
 INSTITUTE OF DENTAL SCIENCES  
 SATELLITE DENTAL CLINIC  
 RAJAJINAGAR

DOCTOR: [Signature] DATE: 06/09/21

DATE :

SIGNATURE OF MAINTENANCE SECTION  
 PERSONNEL FOR HAVING RECEIVED THE ABOVE  
 EQUIPMENTS/INSTRUMENTS

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 2/9/21

NAME OF THE DEPARTMENT : Orthodontics.

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Suctionholder	1	Break Notworking.
2	Booster cap	1	Break.
3	Retractive valve.	1	Notworking.
4	Suction PCB.	1	Notworking. burn.
5			

Head of Department.  
SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT.WITH SEAL  
OF ORTHODONTICS  
KLES' Institute of Dental Sciences  
BANGALORE.

To Angappa  
Q

DATE :

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 29/7/21

NAME OF THE DEPARTMENT : Dept. of Periodontics

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	LASER UNIT	1	Foot Pedal not working on the first use after repairing.
2			
3			
4			
5			

To, Mr. Anjanappa

*[Signature]*

*[Signature]*

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEAL

K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE: 12-8-21

NAME OF THE DEPARTMENT: Oral Medicine & Radiology

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	<u>X-Ray device</u>	<u>01</u>	<u>fan not working</u>
2			
3			
4			
5			

Dr. Anandappa

Dr. Anandappa

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT. WITH SEAL

Prof. & HOD Department of

Oral Medicine & Radiology

K.L.E. Society's Institute of

Dental Sciences

Bangalore - 22.

SIGNATURE OF MAINTENANCE SECTION

PERSONNEL FOR HAVING RECEIVED THE ABOVE

EQUIPMENTS/INSTRUMENTS

DATE :



K.L.E.SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE - 22.

INDENT FOR THE REPAIR WORKS

DATE : 16/8/21

NAME OF THE DEPARTMENT : Department of Periodontics

SL. NO.	NAME OF THE EQUIPMENTS/INSTRUMENTS TO BE REPAIRED/SPARE PARTS REQUIRED	QTY.	NATURE OF COMPLAINT
1	Ultrasonic Scaler	1	The scaler has stopped working.
2	(Acteon)		
3			
4			
5			

*[Signature]*

SIGNATURE OF THE HEAD/INCHARGE OF THE DEPT.WITH SEAL

*To Mr. Anjanappa*  
*[Signature]*

SIGNATURE OF MAINTENANCE SECTION  
PERSONNEL FOR HAVING RECEIVED THE ABOVE  
EQUIPMENTS/INSTRUMENTS

DATE : 16/8/2021