## Monthly Report on Non-Functional Equipment

**Reporting Month:** [Month, Year]
**Submitted by:** [Name / Designation]
**School/Department/Lab:** [Name]

**A. Summary Overview**

|  |  |
| --- | --- |
| Category | Number |
| Total Number of Non-Functional This Month |  |
| Under Repair/Maintenance |  |
| Pending Beyond 30 Days |  |
| Declared Obsolete/To be Discarded |  |

**B. Detailed Report of Non-Functional Equipment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Equipment Name | Name of Lab | Equipment ID / Code | Nature of Issue | Action Taken | Status (Under Repair / Pending / Obsolete) | Uploaded on Prabandh (Y/N) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |

**C. Remarks / Recommendations (Optional)**

[Include any request for replacement, repeat failures, budget needs, or vendor delays.]