

Applied Technology Research Center

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ATRC Technical support sign off form.

Date :	Time :	
Details of support prov ATRC Technical suppo	ider from ATRC ort person name(s):	
Details of organization Organization Name:	or person receiving suppor	rt
	organization authorized for	r receiving support from ATRC :
Contact information of	supervisor:	
Email :		Mobile : End Time : ry □ Bad □ Very bad.
Support Start Time:		End Time :
Support quality : □ Exc	ellent 🗆 Good 🗅 Satisfacto	ry □ Bad □ Very bad.
Details of support prov	rided. (you can add more p	ages as required)
Signature of supervisor	•	Signature of support provider from ATRC.
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This form needs to be submitted in original to: Mrs. Irfana Khawar, Manager Technical Support, Applied Technology Research Center. C-55 Block A KDA Officers Karachi 75260 Pakistan A scanned copy can be emailed on the same day to: manager_technical_support@atrc.net.pk