



AISHWARYA TELECOM LIMITED

1-3-1026 & 1027, SINGADIKUNTA, KAWADIGUDA, HYDERABAD-500 080.

RETURN MATERIAL AUTHORIZATION (RMA)

To be completed by person returning goods to AISHWARYA TELECOM LIMITED.

Company				Contact	
E-mail					
Phone			Mobile	Fax	
Return Address	Division / Department				
	Street				
	City				
	State		Post code		
	Country				
End User / Organization			Priority <input type="checkbox"/>	Routine <input type="checkbox"/>	Urgent <input type="checkbox"/>

Please specify reason(s) for return:

<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair – Out of Warranty	<input type="checkbox"/> Repair – Warranty
<input type="checkbox"/> Service Inspection	<input type="checkbox"/> Refund – Replacement	<input type="checkbox"/> Loan / Demo Return
<input type="checkbox"/> Other		

Goods being returned:

Part Number	Serial Number	Please provide description of the problem(s) experienced, attach data as necessary	Warranty Claimed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Warranty :

If claiming under Warranty, please specify:

Invoice #		Date Purchased		<input type="checkbox"/> Copy Attached
-----------	--	----------------	--	--

Material Shipped by : _____ Tracking No. _____ Date _____

OFFICE USE ONLY:

SE Check Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------	------------------------------	-----------------------------

Warranty Repairs possible	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Warranty Repairs Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------	------------------------------	------------------------------	----------------------------	------------------------------	-----------------------------

Description of work required / done					

Data Received		Estimate of Repair Charges:-			
Data Shipped		Customer acceptance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	