



JINNAH SINDH MEDICAL UNIVERSITY
Department of Information Technology

WORK COMPLETION CERTIFICATE

Section-A

C. No		Complain Type	
Date			
Log-time		Logged By	
Completed Time		Support Person Name with Signature	
User			
Department			
Complaint			

Section-B

Diagnostic	
Work Done	
Current Status	

Section-C

Issue Resolved		Issue To Be Resolved	
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*User Signature &
Official Stamp*