

Ticket

Complainer Mobile No.*

Complainer Name*

Complainer Address*

Issue Type*

Others

Sub Issue Type*

Cable Replacement

Severity*

Medium

Ticket No.*

Ticket with*

Ticket Status*

OPEN

Occured on*

Expected Resolution Time

Area*

Select an Option

Village*

Select an Option

Subdivision*

CENTRAL SUBDIVISION

Incharge Name*

AEE REVENUE SUB DIVISION I

Incharge Mobile no*

Incharge Email*

Office Code*

Issue Description*

Ticket Source*

-Select-

Change Ticket Status

REASSIGN

Corporate Office

-Select-

Zone*

CENTRAL ZONE

Circle

SHILLONG CIRCLE

Division

SHILLONG CENTRAL DIVISION

Sub Division

CENTRAL SUBDIVISION

Assign To*

AEE REVENUE SUB DIVISION I

-Select-

AEE REVENUE SUB DIVISION I

Remarks*

Internal Comments

Reset