

## Complaint Center Opening Time Monday to Saturday 9AM To 7PM +91 9982722331, +91 9587459111

## **Complaint Registration Form**

Date:		Time:			Registration No:
Subscriber Name:					
Address:					
Subscriber ID:					
User ID:					
Registered Mobile No:					
Registered Mail ID:					
Contact Person Name:					
Contact Person Contact No:					
Subscriber Category:		Residentia	al Home User	Busine	ss/SME User
Service Category:		DIA Servic	e	Broadk	and Service
Nature of Complaint  Disconnection Problem Speed Related Problem Internet Not Working Billing Related Problem Connection Drop Frequency Schedule Disconnect F	m Totally Deam or Issue Juently Problem		Complaint De	escriptions:	
Name/Signature Executive					Name/Signature Subscriber
Subscriber Copy					
Subscriber Name:				-	7
Subscriber ID:					
User ID:					Name/Signature Executive
Registered Mobile No:					
Registered Mail ID:					
Contact Person Name:					
Contact Person Contact No:					

## **CITY INFOSOL PRIVATE LIMITED**

CIN: U72900RJ2015PTC047368