

## Computerization of West Bengal PACS Pre-installation Survey Report

Sr. No :	IETS/WBPACS/____	SIN Code :	
Visit Date :		Visited By :	
Block Name :		District :	
PACS Name :			
Address :			
PIN Code :			
PACS Land line Number (with STD Code in case of Landline) :			
Name of Chairman of PACS :			
Personal Contact Number (with STD Code in case of Landline) :			
Name of Manager of PACS :			
Personal Contact Number (with STD Code in case of Landline) :			
Name of Accountant of PACS :			
Personal Contact Number (with STD Code in case of Landline) :			
Nodal Contact Person of PACS :			
Personal Contact Number (with STD Code in case of Landline) :			
<b>PACS Details :</b>			
Total Members :		Male :	
		Female :	
Total Depositors :		Total Deposits :	
		Total Branches:	
Working Hours :			
<b>PACS Physical Infrastructure Details:</b>			
Type of building :	Pakka / Kachha	Type of premise :	Own / Rented
Building Condition :	Good / Average / Poor	No. of rooms :	
<b>PACS IT Infrastructure Details :</b>			
No. of Computers :		No. of Printers :	
Internet connectivity :	Yes / No	Type of Printer :	Laser / Deskjet / Dot Matrix
Type of connectivity :	Broadband / Data Card		

UPS :	Yes / No	UPS capacity :	
Computer furniture available :	Yes / No	Furniture available for proposed new computers :	Yes / No
<b>PACS Electrical Infrastructure Details :</b>			
Electricity available :	Yes / No		
If Electricity is not available nearest place from where connection can be received :	Neighbour building / Electric Supply		
No. of 15 Amps plugs available in the identified room :	No. of Plug Points:	No. of Switches:	
If 15 Amps Sockets & switches not available :			
Wiring req. length in feet :	Earthing req.	Yes / No	No. of Sockets : No. of Switches :
Earthing condition in the identified room and in building :			
Voltage condition the identified room & in building :			
Average load shedding during working hour :			
Generator facility available :	Yes / No		
<b>PACS Route Details:</b>			
Nearest Landmark :			
Distance from Nearest Landmark :			
Distance from Nearest Project PACS :			
Best Route to reach PACS :			
Remarks about Road Condition :			

Name & Signature of PACS authority with Date & Seal: \_\_\_\_\_

For office use:

Name & Signature of District Coordinator with Date: \_\_\_\_\_