



e-Rep SYSTEM QUERY FORM

REQUESTOR DETAILS		
Name		
Faculty/Centre		
Contact Number:		
E-mail Address:		
QUERY DETAILS		
No.	MENU	DETAILS
1	Manage Deposits	
2	Uploads	
3	Details	
4	Subjects	
5	Custom	
6	Deposit	
7	Others	



LIBRARY OFFICE USE ONLY:			
Report No:		Date Solved:	
Date Receive:		Attended By:	
Date Replied:		Reply:	

*Report Solved:	
*Report Not Solved:	

*Please tick in the box given.

P/s: Report that can't be solved will be referred to IT Centre Office.

INFORMATION TECHNOLOGY OFFICE USE ONLY:			
Date Receive:		Date Solved:	
Date Replied:		Attended By:	
Reply:			