



DSS Imagetech Pvt. Ltd.
 Micro-Imaging Division
 Corporate Office: A5, Mohan Co-Op Industrial Estate,
 Mathura Road, New Delhi — 44
 Tel: 8448081331, Toll Free: 1800 212 2717.
 Email: enquiry@dssimage.com , Website: www.dssimage.com

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Installation Report

DSS Reference Number		Date	09-03-2023
Institute / Organization Department	Indian Immunologicals limited		
Contact person	Dr.Praveen		
Land Line	Mobile	9133061555	
Email	apraveen@indimmunol.com		
Address	Hyderabad , Rakshapuram Gachibowli post , Teangana , 500032 , india		
Product Name / Description of the equipment	Olympus Inverted Microscope Model CKX53		
Purchase Order Number	4511004245	Purchase Order Date	12-12-2022
Shipment Invoice Number	MI-ST/2223/6568	Shipment Invoice Date	02-02-2023
Warranty Period	Warranty Starts :09/03/23	Warranty End : 08/03/2024	Extended AMC : NA
Local Supply	Company	Equipment	Serial No

For Office Use Only (To be filled by Service Engineer)

Installation Details	Engineer Name	Sales Person Name
	VYSHNAV K	Srikanth
	Call Received On :	Call Attended On :
Action Taken by Engineer		
Any Other Remarks	CKX3-SLP is not given in delivery note.	
Customer's Signature with Seal	Service Engineer Name	
Date: <i>Praveen</i> 09/03/2023	Vyshnav K 09/03/23 (Date & Signature)	



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9949506219 - kishore
 (Service eng. Hyd).



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ITEM	Visibility Check	Functional Check	Remark / Serial Number
1. Electrical Test Standard Value - Pass : 220-240, GND<5V Measured Value : 236 V , GND : 2V	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
2. Microscope Details		<input type="checkbox"/> Not Applicable	2F41028
• CKX53			
• Frame and LBD / ND Filters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
• Light Source LED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Intermediate Tube: Fluorescence Attachment		<input checked="" type="checkbox"/> Not Applicable	
• Filter Turret and Mirror Units attached according to the manual.	<input type="checkbox"/>	<input type="checkbox"/>	
• Fluorescence power supply and Lamp house	<input type="checkbox"/>	<input type="checkbox"/>	
4. Intermediate Tube: Multi Header		<input checked="" type="checkbox"/> Not Applicable	
• Multi-discussion tube and pointer unit	<input type="checkbox"/>	<input type="checkbox"/>	
• Check image plane at all observation tube	<input type="checkbox"/>	<input type="checkbox"/>	
5. Imaging System:		<input type="checkbox"/> Not Applicable	
• Camera Model MagCam DC5 MP	Serial No:		2210100355
• Camera Adaptor (Mention the model / Magnification).		1X	
• Imaging Software (Serial Number)			
6. Alignments		<input checked="" type="checkbox"/> PASS	
• Alignment of condenser, (Bright field, Phase Contrast, DIC)	<input type="checkbox"/>	<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
• Alignment of Burner	<input type="checkbox"/>	<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
• Adjustment of Parfocality	<input type="checkbox"/>	<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
7. Operation: Imaging Software		<input checked="" type="checkbox"/> PASS / <input type="checkbox"/> Not Applicable	
• Computer System Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not Applicable	
• Software Configuration, Calibration	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not Applicable	
• Image Capture and Enhancement	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8. Other Attachments		<input checked="" type="checkbox"/> Not Applicable	
	Visibility Check	Functional Check	
a. NA	<input type="checkbox"/>	<input type="checkbox"/>	
b. NA	<input type="checkbox"/>	<input type="checkbox"/>	
c. NA	<input type="checkbox"/>	<input type="checkbox"/>	
d. NA	<input type="checkbox"/>	<input type="checkbox"/>	
9. Submission of Manuals Software CD's (If any):		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Overall System		<input checked="" type="checkbox"/> Pass	

Customer's Remarks
(If any :)

OVERALL MICROSCOPE SYSTEM FUNCTIONALITY (To be Filled by Customer)	SATISFIED <input type="checkbox"/>	NOT SATISFIED <input type="checkbox"/>
Customer's Name :	Engineer Name : Subramanya Prakash <i>Vyshnav</i>	
Signature : <i>Praveen</i>	Signature : <i>Vyshnav</i>	
Date: <i>09/03/2023</i>	Date : <i>09/03/23</i>	



You can reach Evident by scanning above QR code and provide feedback /concern if any.

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