

DAIKIN

DAIKIN AIRCONDITIONING INDIA PVT. LTD.

Authorised Service Center

AEON AIRCONDITIONING SOLUTIONS

AEON HOUSE, SHOP NO. 6/7, BEHIND N CUBE CHINA TOWN

DR. AMBEDKAR ROAD, THANE W 400601 MAHARASHTRA. PHONE :- 02225370101 / 7900097007



PROJECT:- TETLESARA (KAMPUR BANDHAN BANK)

Measurement Sheet

Sr. No.	Location	AC Type	Tonnage	Indoor Unit Details		Outdoor Unit Details		Copper In Rmt	Cable In Rmt	Drain In Rmt	ODU Stand
				Model No.	Sr. No.	Model No.	Sr. No.				
1	Manejan room	Splitte	1.TON	FTKL35XV16 WAA	8002613	RKL35XV16 WAA	8004311	6(M)	10(M)	7(M)	1
2	WORK area (1)	"	1.TON	FTKL35XV16 WAA	8002626	RKL35XV16 WAA	8004444	7(M)	11(M)	8(M)	1
3	WORK area (2)	"	2.TON	FTKL60XV16 VAA	8003258	RKL60XV16 VAA	8002557	10(M)	13(M)	6(M)	1
4	WORK area (3)	"	2.TON	FTKL60XV16 VAA	8003256	RKL60XV16 VAA	8002553	8(M)	11(M)	9(M)	1
5	WORK area (4)	"	2.TON	FTKL60XV16 VAA	8003254	RKL60XV16 VAA	8005726	9(M)	12(M)	6(M)	1
6											
7											
8											

EXTRA ACTIVITY CARRIED OUT

CIVIL WORK	Stabilizer			TIMER	CASING CAPPING	CABLE TRAY	GAS CHARGING	DISMENTALING		RE-INSTALLATION
	3KVA	4KVA	5KVA					Hi Wall	Cassette	

OTHERS Iron cage 182 (K8), Three cone cutting

For Customer Details:

Sign: *[Signature]*  
103580  
Name: AJIT KUMAR  
Date: 24/04/2026

Stamp:



Vendor Details:


Aeon airconditioning solutions  
Signature: *[Signature]*  
Technician Name: ZUNAID SHAKH  
Date: 24/4/26



# DAIKIN AIRCONDITIONING INDIAPVT. LTD.

## Service Completion Certificate

Office No-105 & 106, Deccan House, 10th Cross,  
R.V. Dwarak Marg, above Shree Sai Park, Thane - 400 601  
Mob: 992234107 / 992234109

Subject		Request Date		Service Engineer		Scheduled Date/Time		Service Order	
Registration No.		Request Date		Service Engineer		Scheduled Date/Time		Service Order	
User: <b>GANDHAN BAIK</b> Customer Address: <b>TETLESARA (KAMPUR)</b> Mobile: _____				Compressor data (Ambient temp. °C)			Fault Diagnosed		
I Base Address: _____				HP/T	Before repair	After repair	<input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Phase Reverse <input type="checkbox"/> In door unit PCB Defective <input type="checkbox"/> Out door PCB Defective <input type="checkbox"/> In door unit Fan Motor Defective <input type="checkbox"/> Outdoor Fan Motor Defective <input type="checkbox"/> Comp. taking High Current / Amp <input type="checkbox"/> Compressor Ground / Earth <input type="checkbox"/> Compressor Tripping due to High Temperature <input type="checkbox"/> Compressor tripping due to High Pressure <input type="checkbox"/> Indoor Unit Mgrw Defective <input type="checkbox"/> Outdoor Unit Mgrw Defective <input type="checkbox"/> Indoor Unit Transformer Faulty <input type="checkbox"/> Outdoor Unit Transformer Faulty <input type="checkbox"/> Fault of sensing Motor <input type="checkbox"/> Defect of Drain Pump <input type="checkbox"/> Expansion Valve Body / Motor Defective <input type="checkbox"/> Defective Temperature Sensor of Indoor Unit <input type="checkbox"/> Defective Temperature Sensor of Outdoor Unit <input type="checkbox"/> Defective Current Sensor in Out door Unit <input type="checkbox"/> Gas Leakage at Indoor Unit <input type="checkbox"/> Gas Leakage at Outdoor Unit <input type="checkbox"/> Filter broken <input type="checkbox"/> Short Cycling of Air at Indoor Unit <input type="checkbox"/> Short Cycling of Air at Outdoor Unit <input type="checkbox"/> Defect in Drain piping system <input type="checkbox"/> Gas Leakage from Flare nut <input type="checkbox"/> Error in Transmission wiring <input type="checkbox"/> Product under capacity <input type="checkbox"/> Flat bile case <input type="checkbox"/> Less cooling problem due to dirty Airfilter <input type="checkbox"/> Remote setting changed <input type="checkbox"/> Clogged Condenser <input type="checkbox"/> Other - Pl. specify		
Date: _____				SP/T °C	mg °C	mg °C			
Date: _____				Current °C	Amps °C	Amps °C			
Date: _____				Voltage	Volt	Volt			
Type: _____ Model No: <b>RKL35XV16WAA</b> Manufacturing No: <b>5004444</b>				Indoor temperature					
Outdoor unit / Indoor unit: <b>FTKL35XV16WAA</b> <b>5002626</b>				Section	°C	°C			
Details of the Repair Work				Discharge	°C	°C			
Work Date: _____ No. of S.E.: _____ Work hours: _____ Progress code: _____ <b>Installations done. calling is OK.</b>				Outdoor temperature					
				Section	°C	°C			
				Discharge	°C	°C			
Compressor manufacturing No. _____				Work No / Parts No	Qty	Billing Amount			
Defective Compressor				Replacement Compressor					
Installed date	Warranty	AMC	Using with	Fault location	Phenomena code	Error code			
Yes / No	Yes / No	Yes / No	Subfilter / Cut off						
Service Engineer Remarks				Total					
Signature: <b>Zunaid Shaikh</b> 				Customer Impression about Service					
				(Please rate on scale of 1 poor, 2, 3, 4 & 5 excellent) How is the behavior of visited engineer					
Details of Repair Work Done a) Simple Repair b) Part Replaced c) Part Repaired d) Gas Charging done									



*Handwritten signature and date*  
13/3/20

# DAIKIN AIRCONDITIONING INDIA PVT. LTD.

## Service Completion Certificate

**AEON AIRCONDITIONING**  
 Office No. 102 & 104, Deshpande Garden, Commercial Complex,  
 N.W. Sector Marg, above Sheela Dairy, Paldi Park, Thane - 400 601.  
 Mob: 9822041107 / 9822041109

Subject:		Request Date:		Service Engineer:		Scheduled Date/Time:		Service Order:	
Registration No.:								Fault Diagnosed: <input checked="" type="checkbox"/>	
User: <b>GARDHAN GATR</b>				Model:		Operation data (Ambient temp. °C)			
Customer Address: <b>TETLESARA (KAMPUR)</b>						Before repair		After repair	
I Base Address:						HP/T		p/g/	
Deduction Invoice:				Date:		SP/T °C		p/g/°C	
Dealer Invoice:				Date:		Current °C		Amps °C	
Type:				Manufacturing No.:		Voltage		Volts	
Customer unit /				Model No.:		Indoor temperature			
Indoor unit				FTKLG0XV16VAA 8003256		Section		°C °C	
Work Date:				Progress code:		Discharge		°C °C	
No. of S.E.:				Details of the Repair Work:		Outdoor temperature			
Work hours:				Installations done, Capping is OK.		Section		°C °C	
Progress code:						Discharge		°C °C	
Compressor manufacturing No.:				Defective Compressor:		Work No / Parts No		Qty	
Installed date:				Warranty:		Billing Amount			
AMC:				Using with:					
Yes / No:				Sublizer					
Yes / No:				Cut off					
Yes / No:				Fault location:					
Yes / No:				Phenomena code:					
Yes / No:				Error code:					
Service Engineer Remarks:						Total			
Signature: <b>Zunaid Snaikh</b> 				Compressor manufacturing No.:					
				Defective Compressor:		Replacement Compressor:			
Customer Remarks:						Details of Repair Work Done: <input checked="" type="checkbox"/>			
Customer Impression about Service (Please rate on scale of 1 poor, 2, 3, 4 & 5 excellent)				a) Single Repair b) Part Replaced c) Part Repaired d) Gas Charging done					
How is the behavior of visited engineer:									



