



**DATA RECOVERY DELHI**

**Data Recovery Delhi**

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**Data Recovery Form**

Please print this form from your browser. Fill it out as completely as possible, using additional sheets of paper if needed. Package the media to be recovered and enclose this form in the box. We will contact you by phone or by e-mail upon receipt of your shipment. Thank you in advance for your assistance.

**Contact or shipment info**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

**Phone Numbers**

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Storage Media to be recovered**

Media Manufacturer & Model: \_\_\_\_\_ Quantity: \_\_\_\_\_

Computer/Device Make & Model: \_\_\_\_\_

Operating System: \_\_\_\_\_

**General Info**

**Brief Description of the problem (Use separate sheets if needed):**

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**What recovery efforts have been made? (if any):** \_\_\_\_\_

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**Critical Files needed (Use separate sheets if needed):**

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**Return Data on: (check Box) CD-R or other:** \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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**Payment Info**

**Authorized signature:** \_\_\_\_\_ **Payment Method:** \_\_\_\_\_

**Credit Card / Cheque No.:** \_\_\_\_\_

**Name of Payer:** \_\_\_\_\_