

Server Access Request Form	Date and Time of Submission:
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Server Access Form

Employee Name: _____

Email ID: _____

Designation: _____

Deptt: _____

Reporting officer: _____

Employee Location: C-11 C-62 Gurgaon Kolkata Mumbai

Access Type: Local Server File Server Domain Controller

Server IP Details: _____

Location (Complete Path) _____

Purpose of Access: _____

Approved By:

Employee Signature

(Reporting Officer)

-----To be used by IT Department -----

Received By:

Name: _____

Emp ID: _____

Signature: _____

Date: _____

Signature
(IT Manager)

Approved By: COO	Form Number: QMS-IFT-SAF 01	Security Classification: Confidential	Page 1 of 1
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