UPSDC- DATABASE RESTORATION FORM_V1.1			
Requester Name		Request Date	
Designation		Contact No	
Email ID			
Department			
Postal Address			
Service Requested			
Justification for Database Restoration			
Database Name			
Web Application			

Requester	HOD/Authorized Officer	Nodal Officer, UPSDC
(Signature & Stamp)	(Signature & Stamp)	(Signature & Stamp)

DCO Use Only			
SR Ticket No		Assigned to	
CR Ticket No.			
Call Assigned Time		Call Close Time	
Call Completed By Name			
Remark (if any)			

Database Administrator

(Signature & Stamp)

DCM, UPSDC

(Signature & Stamp)