UPSDC- DATA BACKUP REQUEST FORM_V1.2			
Requester Name		Request Date	
Designation		Contact No	
Email ID			
Department			
Postal Address			
Backup Details	Database Name:		
Type of Backup (Please Tick)	Web Contents	Database Backup	
Backup Collect By			
Sr. No. Of External Disk			
Note:	**1. UPSDC will provide the data backup only department authorized person.** **2. Photo ID will require at the time of data backup collection.** **3. Data backup Security will be the responsibility of the department.**		

Requester	HoD/ Authorized Signatory	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 & Sign			
Remark (if any)			

Assignee Signature DCM, UPSDC

Date: (Signature & Stamp)