UPSDC FTP PASSWORD RESET REQUEST FORM_V1.2			
Requester Name		Request Date	
Designation		Contact No	
Email ID			
Department			
Password Change Details (Mention the details of FTP user, Application Name / URL)	FTP User ID: Application Name: Application URL:		
Justification for Password Change			
Note:	FTP Password reset will be only by the departmental official/authorized person itself. Password security is 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

(Signature & Stamp)