



Logical Access Request Form (IT Services) For Officers/Officials

Access Request
Form No.

Personal Details In Capital letters (To Be Filled By Officer/official)					
Full Name:					
Designation:		Employee ID:			
Department:		Joining Date:			
Email Address					
Access Request:	<input type="checkbox"/> Domain	<input type="checkbox"/> Email	<input type="checkbox"/> Internet	<input type="checkbox"/> VPN	<input type="checkbox"/> Turnitin
Type of Access: (To be filled by IT officer)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Duration From ___/___/___ to ___/___/___) <input type="checkbox"/> Contractual <input type="checkbox"/> Vendor Personnel <input type="checkbox"/> Contractors				
Access Level (To be Filled by IT Officer)					
<input type="checkbox"/> Administrator	<input type="checkbox"/> Power User	<input type="checkbox"/> Network User	<input type="checkbox"/> Guest Access		
Reporting Officer Approvals					
Name	Designation	Signature	Date		
Reason if Disapproved:					
HOD Approval					
Name	Designation	Signature	Date		
Reason if Disapproved:					
To Be Filled By The Respective IT Officer (After Granting Access)					
Access to Application Granted	Name	Designation	Signature	Date	
User ID:					
Expiration Date:					
Verification Director(I.T)					
Name	Designation	Signature	Date		
Remarks:					