**Privilege Requisition Form**

**Espire**

**Infolabs Pvt. Ltd.**

**Information Security Management System**

**Software Division**

**Privilege Requisition Form**



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| --- | --- | --- | --- |
| **1. Contact Information of the person requesting:** | | | |
| Name: Prakhar Sharma | | Department / Project: BU1 Software Engineer | |
| ECN: 4245 | | Email ID: prakhar.sharma@espire.com | |
| Reporting Manager: Mr. Kapil Tyagi | | Department Head: Mr.Kapil Tyagi | |
| **2. Type of Privilege(s)** *(check all that apply)***:** | | | |
| Internet Access related  Laptop related  Teleworking  Use of Messenger  Access rights related | | Head Phone  VSS Account related  USB Drive related  Digital camera/ mobile attachment with computer  Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **3. Privilege(s) Description** *(attach any screen shot, if required)***:** | | | |
| VPN access | | | |
| **4. Business Requirement / Reason for Privilege(s):** | | | |
| Windows Updates | | | |
| **5. Duration of Privilege(s):** | | | |
| Start Date(DD/MM/YY):07/10/2021 | | | End Date(DD/MM/YY): |
| Start Time(HH:MM):12:00 pm | | | End Time(HH:MM): |
| **5. Approval Details:** | | | |
| Reporting Manager Comments: |  | | |
| Reporting Manager Signature (\**if submitted in hard copy*): |  | | |
| Departmental Head Comments: |  | | |
| Departmental Head Signature (\**if submitted in hard copy*): |  | | |

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Ver. 1.3 Security Classification: Internal