

## **USER ACCESS REQUISITION FORM**

Request Type	Cre;	ite J	Modify	Deactiv	vate /D	isabl	<b>e</b>		
			Applicat	ion Access					
Application Name*				MWT					
Username* ( Desktop ID)	Depa	rtment*		-Mail ID*		Location / Plant*		Masters* (Like Material / Vendor/ Customer/BOM-Recipe etc	
tejashreenavawdkaa	operat	åons	tejasm Olupür U	ree norrawa Algital hea m	ltars Utho	Kal	pataru 10		
			Priv	vilege / Role	*				(9)
Account	Finan	ce Head		PDL			Site IT		
API Marketing	GSC	)		Production			SME		
Business Finance	☐ IDT			Purchase			SPOC		
Business Head	IRF -	CFA		Quality Assurance			SPOC Controlled Substance		
Central Supply Planner	IRF -	CWH		Quality Control			Supply Chain		
CQA		er Cell		R&D/PDL			Others (If any):		
Department Head	MISC	Co-ordina	tor	RA			Reporting Manager		
Distribution Head	MISC	Panel1		RDM			Mapping		
Division Head	NSM NSM			S&M Head			11 ()		
Excise	Panel	Approver1		Site Head					
Comments / Remarks	( if any )* :	п		Signatures					
			Name		Signature			Date	
Requester *		Igashoree Navanodkas Urtanohu Shoh						02/11/22	
Department Manager	Uttanohu Sheh			Jefashnel _			02/11/22		
QA Manager / Design	ee								

"Mandatory justification shall be mentioned in remark/comment section.'II is not mandatory for |T person.