

Patch Management Form

Ref. No.			Date	
Hostname			IP Address	
Patch Name				
Patch Description				
Patch Impact				-
Initiated by		Concern Manager/ DGM		
Sign & Date		☐ Approved ☐ Not Approved		
Name		Sign & Date		
P.No		Name		
Designation		P.No		
Remarks		Remarks		
		romane		
DGM Info Security	System Admin Manager/ DGM			
☐ Recommended ☐ Not Recommended		☐ Approved ☐ Not Approved		
Sign & Date		Sign & Date		
Name		Name		
P.No		P.No		
Remarks		Remarks		
	Action Taken by Sign & Date Name P.No. Designation Remarks			