Change Management Form

Ref. No.		Date	
Hostname		IP Address	
Server Type / Role		Physical / VM	
Change Type	☐ Hardware ☐ Software ☐ Add ☐ Remove ☐ Others _____		
Down Time Required	☐ Yes ☐ No Duration _____ Impact _____		
Change Justification		Change Impact	

Initiated by

Sign & Date _____

Name   _____

P.No.   _____

Designation _____

Remarks _____

Concern Manager/DGM

☐ **Recommended**   ☐ **Not Recommended**

Sign & Date _____

Name   _____

P.No.   _____

Remarks _____

System Admin Manager/ DGM

☐ **Approved**   ☐ **Not Approved**

Sign & Date _____

Name   _____

P.No.   _____

Remarks _____

Action Taken by

Sign & Date _____

Name   _____

P.No.   _____

Designation _____

Remarks _____