Patch Management Form

Ref. No.		**Date**	
Hostname		**IP Address**	
Patch Name			
Patch Description			
Patch Impact			

Initiated by

Sign & Date _____

Name _____

P.No. _____

Designation _____

Remarks _____

Concern Manager/ DGM

☐ Approved   ☐ Not Approved

Sign & Date _____

Name _____

P.No. _____

Remarks _____

DGM Info Security

☐ 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 _____