

IT REQUEST FORM

First Name Nethra Last Name Chottemanda Employee ID 603515
 Department IT Designation IT Coordinator
 Entity DLI Location DSO
 Date of Joining 15/01/2015 Grade* _____
 Request Type New ☒ Replacement ☐ Asset transfer ☐

IT ASSETS

Laptop ☐ Email ID ☐ Desktop ☐ Printer ☐ Landline ☐
 Mobile ☒ Sim Card ☐ Others ☐ Please specify _____

Justifications _____

SOFTWARES

MS Office ☐ SAP ☐ FSI ☐ POS ☐ Landline ☐
 Others ☐ Please specify _____

APPROVAL

Head of the Department	Director - IT	Finance / Cost Controller	General Manager	Managing Director*

Note: when policy does not meet the requirements