IT Security Incident Report to Management

Instructions: This form is to be completed as soon as possible following the detection or reporting of an Information Technology (IT) security incident. All items completed should be based on information that is currently available. This form may be updated and modified if necessary.

1. Contact Information	for this Incident
Name:	KAPTHIC CUMBR
Title:	It manauer
Program Office	
Work Phone:	
Mobile Phone:	8012922447
Email address:	Karthi @ oliquityindia.com
Fax Number:	
2. Incident Description	
Provide a brief description	
* Data C	BREUPTED IN SCRUER (ATTEMPANCE)
	ESTORED 4 DATA CONFILMERD IN CLOUD SERVER
* OPERATION	Ravmao As USUAL
3. Impact / Potential In	pact Check all of the following that apply to this incident.
☐ Loss / Compromise of D☐ ☐ Damage to Systems ☐ System Downtime ☐ Financial Loss ☐ Other Organizations' Sy	Pata Vistems Affected Viyor Delivery of Critical Goods, Services or Information
Provide a brief description:	
Unnale Co bo	WINDOWD ATTENDANCE FOR HALF DAY, IT WAS
PECTIFIED LATER_	

Sensitivity of Data		
Category -	Description —	
Data Loss	Bnave	CORRUPTED, RESTORED
Un Authorized Access		
Invalid Password attempts		
Virus Deduct		
Power Issues		
Software Corruption		×IA
Hardware Issues	J. Jan	ee obsolete
☐ Internal Use Only		☐ Restricted / Confidential (Privacy violation)☐ Unknown / Other – please describe
Provide a brief descript	ion of data that was	
	NIA	
5. Who Else Has Bee	n Notified?	
Provide Person and Titl		
Aut Lie	MANAGER: +	TAMEED
		r? Check all of the following that apply t
this incident.		Restored backup from tape: Brown

7. Incident Details			
Date and Time the Incident was discovered:	27th Farmey 2022		
Has the incident been resolved?	Ys		
Physical location of affected system(s):	N/A		
Number of sites affected by the incident:	и/д-		
Approximate number of systems affected by the incident:	NILL		
Approximate number of users affected by the incident:	N/A		
Are non-Commonwealth systems, such a business partners, affected by the incident? (Y or N - if Yes, please describe)			
Please provide any additional information that you feel is important but has not been provided elsewhere on this form.	-		

REPORT PONE BY

CARTHIC CUMBR. M. (2º MAMANER)