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| Sr. No. : | |  | Date : | |
| 1. Amendment / Change Requested by: | | | | |
| 2. Document to be Amended / Changed | Title: | | | |
| Document No.: | | | |
| Page No.: | | | |
| 3. Details of Proposed Amendment / Change:  Initiator (HOD) | | | | |
| 4. Reason for change | | | | |
| Comments of Reviewing Authority: | | | Reviewed by (MR) | |
| 5. Comments of Approving Authority :  Designated Authority | | | Approved by : | |
| 6. If Amendment / Change is Approved : | | | |  |