

Backup Request FormGroup/Division Project Name Server Name Public IP Address No.of free LAN Ports

**Note: RetentionPeriod for Daily Backup is 2 Weeks / Weekly backup is 1 Month / Monthly backup is 3 Months
(Choose any one from Incremental / Differential). Yearly backups are maintained for 2 Years.**

Backup Frequency for File System**Backup Frequency for Database**Incremental Retention Incremental Retention Differential Retention Differential Retention Full Retention Full Retention Operating System Directory / Folder structure to backup Clustered Expected Backup Size Database Used Instance Name HOD Name Administrator's Name Email Email Phone Phone Intercom : Intercom : HOD Signature _____ Date : Administrator's Signature _____ Approved **For The Purpose of Backup Administrator**

Approved By: HOD, DC&WSD _____

IP Alloted Library to be Used Software to be Used Media Group Name