

Backup Restore Request Form

Administrator's Name

E-mail:

Division Name:

Phone: Intercom

Date for which restoration is required :

	<u>Source</u>	<u>Destination</u>
Server Names	<input type="text"/>	<input type="text"/>
Backup IP	<input type="text"/>	<input type="text"/>
Real/Valid IP	<input type="text"/>	<input type="text"/>
Path/Folder Name	<input type="text"/>	<input type="text"/>
Specific Folder Name	<input type="text"/>	<input type="text"/>

Request Date : _____

Note : The recent restore facility shall be given on the basis of backup available on media.

Signature of Administrator _____

Signature of HOD _____

Backup Restore Details

Restored Successful	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Size Restored	<input type="text"/>
Data Verified by user	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Restore Path	<input type="text"/>
Restored on Server	<input type="text"/>	Restore Date	<input type="text"/>	

Signatures after Verification

Signature of Server Administrator _____

Signature of Backup Administrator _____