

Removal of Equipments from IDC

Date _____

Administrator Name _____

Contact details _____

E-Mail _____

HOD Name _____

Project Name / Service Name _____

Group / Division Name _____

Equipment /Server Name _____

Make & Model _____

Serial Number _____

Type (1U, 2U, 4U, 8U etc) _____

Reason for removal Obsolete Relocate Faulty Return after repair

If any other reason than above _____

Equipment being taken to _____

Date of Removal _____

If to be returned, Expected date _____

Signature

Administrator _____

HOD Concerned Division _____

For IDC Purpose

Asset Manager _____

Physical Security Manager _____

HOD DC&WSD _____