

**e-Governance Division  
Centre For Good Governance  
GBPUAT, Pantnagar  
IFMS CHANGE REQUIREMENT REQUEST**

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Module Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Enhancement / Problem Reported / Identified :**

Proposer Name : \_\_\_\_\_

Department / Section : \_\_\_\_\_

College / Unit : \_\_\_\_\_

Signature with Date : \_\_\_\_\_

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**Recommendation of HoD/ Incharge / Sectional Head/Dean's**

**(Signature with Date)**

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**Recommendation/Approval of Comptroller**

**(Signature with Date)**

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**Specific Comments of NIC Programmer with task completion time**

**(Signature with Date)**

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**Comments of IFMS Programmer**

**(Signature with Date)**

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( Co-ordinator, e-Governance)

(Director, CGG)