

## CHANGE REQUIREMENT REQUEST

Project Name: IFMS	Module:
Submitted on(Date):	Submitted by:

### 1.0 ENHANCEMENT/ PROBLEM REPORTED / IDENTIFIED

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### 2.0 CHANGES REQUIRED / TECHNICAL DESCRIPTION OF THE PROBLEM

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### 3.0 TECHNICAL IMPACT EVALUATION

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National Informatics Centre	Page 1 of 2	ISSUE NO.	01	DATED	04/04/19
<b>CHANGE REQUIREMENT REQUEST</b>	Pant Nagar Univ	REVISION NO.	00	DATED	04/04/19

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### 4.0 CONFIGURATION ITEMS AFFECTED (To be filled by Software Developer)

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S. No.	Program Name & Type (Activities)	Severity of Change	Responsibility of Change	Estimated Effort (Days)	Planned Closure Date (Date)	Actual Effort Spent (Days)	Closed on (Date)	Verified By

Name of Software Developer-

Sig. with Date

### 5.0 APPROVALS

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<i>Authority</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
Requestor (HoD/Dean /Director)			
Nodal Officer (GBPUAT) (Approver)			
Team Leader (NIC)			