

CHANGE REQUIREMENT REQUEST

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

1.0 ENHANCEMENT/ PROBLEM REPORTED / IDENTIFIED

2.0 CHANGES REQUIRED / TECHNICAL DESCRIPTION OF THE PROBLEM

3.0 TECHNICAL IMPACT EVALUATION

CHANGE REQUIREMENT REQUEST

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

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

<i>Authority</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
HoD/Dean/Director (Requester)			
Programmer (Approver)			
Nodal Officer (Approver)			
Comptroller (Approver)			

6.0 User Feedback

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