

## Data Backup Request Form

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

<b>User Department Name</b>			
<b>Project/Application Name</b>			
<b>Nodal Officer Name</b>			
<b>Designation</b>			
<b>Contact Details</b>	Office Tel. No.:	Mobile No.:	
	E-Mail ID:		
<b>Backup Media Type</b>	Tape <input type="checkbox"/> Ext. HDD <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> USB Drive <input type="checkbox"/>		
<b>Source Backup Server</b>	Host Name:	OS:	IP Address:
	Web Server <input type="checkbox"/> Application Server <input type="checkbox"/> DB Server <input type="checkbox"/>		
<b>Backup Details</b>	File Name:	Size:	<b>Type:</b> Export/Dump <input type="checkbox"/> Incremental Backup <input type="checkbox"/> Full DB Backup <input type="checkbox"/> File(s) <input type="checkbox"/> Folder <input type="checkbox"/>
	Path:		
<b>Purpose</b>			

Seal & Signature  
User Department Official

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(For use of OSDC Official)

<b>Recommendation</b>	
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Authorised Signature  
OSDC Composite Team

Server Hostname/IPAddress	Backup Media Type & Serial No	Backup Size In GB	Port No	Jack Panel	Rack no

Backup Administrator,  
OSDC