

Data Backup Request Form

Date : ___ / ___ / ___

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

 Seal & Signature
 User Department Official

(For use of OSDC Official)

Recommendation	
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 Authorised Signature
 OSDC Composite Team

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

 Backup Administrator,
 OSDC