**REQUEST FOR REMOTE MANAGEMENT OF SERVERS**

1. **SUBSCRIBER INFORMATION**

|  |  |
| --- | --- |
| **Personal Details** |  |
| First name |  |
| Middle name |  |
| Last name |  |
| Designation |  |
| Employee code (if any) |  |
| Mobile |  |
| **Address** |  |
| Name of the Office |  |
| Department |  |
| Address |  |
| City |  |
| State |  |
| Pin code |  |
| Phone No |  |
| Fax No |  |
| E-mail Address |  |

1. **Purpose of the remote access**

Purpose and criticality of the remote access request

|  |  |
| --- | --- |
| Particulars | Response |
| Please describe in detail the purpose of this remote access, or the activities to be performed |  |
| Length of time remote access is required (in days) |  |

1. **Systems/Applications to be Accessed**

Please fill in a row for each system that will be directly accessed by the remote user. Add additional rows if you need them

|  |  |  |  |
| --- | --- | --- | --- |
| IP Address | Hostname | Function | Approved by application owner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Application Owner**

Enter the name of the staff member or individual who is the data owner, or is responsible for the maintenance and validity of the data that would be transmitted through remote management.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Mobile no. | Email address |
|  |  |  |  |

1. **Declaration by Approver**

The information provided in this request form is accurate to the best of my knowledge. I understand that providing access to remote users and devices exposes the application to certain security risks. I accept responsibility for the risks imposed by the remote users. In the event of a computer compromise or virus outbreak, I understand that CEG may disable the remote access and terminate active remote access without requesting prior consent.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Designation

Seal