

FORM-11
Planned Shutdown Request Form

Date of Request and Time		
Date of Planned Downtime and Time for cyclone	DD-MM-YYYY DD-MM-YYYY	(00:00 Hours)
Expected downtime on network And Server	Downtime time 00:00 Hours	
Incident ID	Psysys1001	
Location Affected		
District	Puducherry	
Type of Service Affected	All	
Severity Level (Low/Medium/High)	High	
Equipment Affected (With CI Reference)		
Whether temporary solution has been provided? Give details.	NO	
Remarks		

Authorized Signatory
(Tata Consultancy Services)

Recommended
Project Manager (CT)
State Data Center

Approved
Service Implementing Agency

For Use by CT Downtime Request (APPROVED / REJECTED) Remarks : Date and Time of planned downtime: DD-MM-YYYY DD-MM-YYYY, 00:00 Hours Any Additional Remarks: CT
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