### Form ii: SAP R/3 ID form

(Fill separate form for each individual)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Name** | **\*Designation** | **\*Employee No.** | **\*Date of Birth** | **\*Office/Plant Name** | **\*Plant Code** | **\*Mobile No.** | **\*Mail ID** |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Note: Tick the box which is applicable.**

(All fields marked with \* are mandatory)

1. **New User**☐
2. **Transfer of User** ☐

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * **Additional Charge** ☐   Addition of plant   |  | | --- | | Click or tap here to enter text. |   Temporary ☐ (**Note: valid for 90 Days only)**   * **On Transfer** ☐  |  | | --- | | Click or tap here to enter text. |  |  | | --- | | Click or tap here to enter text. |   Previous Posting present posting     * **Promotion** ☐  |  | | --- | | Click or tap here to enter text. | | Click or tap here to enter text. |   Previous Posting  Previous Designation   |  | | --- | | Click or tap here to enter text. | | Click or tap here to enter text. |   Present Posting  Present Designation |

1. **Addition of Role ☐**
2. **Transfer of SAP ID ☐**

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | Click or tap here to enter text. |     From | |  | | --- | | Click or tap here to enter text. |   To |

**\*Fill the roles/T- codes required by the user in the below box.**

|  |
| --- |
|  |

**\*Reporting Hierarchy:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **F.B. No.** |
|  | Junior Engineer |  |
|  | Assistant Engineer |  |
|  | Accounts Officer |  |
|  | Executive Engineer |  |
|  | Deputy General Manager |  |
|  | General Manager |  |
|  | Executive Director |  |
|  | Director |  |

**\*Reporting Officer \*Reviewing Officer \*Final Authority**

**Name Name Name**

**Designation Designation Designation**

**F.B.No. F.B.No. F.B.No.**

(\*Please sign and submit via DMS/e-mail)

**For IT office use only:**

|  |  |
| --- | --- |
| **Request No:** | Click or tap here to enter text. |
| **Fulfilled by:** | Click or tap here to enter text. |
| **Completed on:** | Click or tap here to enter text. |
| **Remarks if any concern:** | Click or tap here to enter text. |