

SWASTHA System Data Modification Form

Institution Request

Request Details (To be filled by requester)

File Number: Warehouse:

Name: Designation:

Contact No: Date:

System Module / Area to be modified:

- Inventory/Stock
 Procurement
 Distribution/Return
 User update
 Supplier Name/Details
 LP process
 Other:

Description of correction

**(Please attach a copy of relevant supporting document eg: Invoice, Screenshot, etc.)*

Recommendation and Approval

Approved the modification
Head of the Institution

.....

Signature & Date

FOR MSD / ICT UNIT USE

Date Received: Action by:

Action Taken: [] Data modified in Database [] System Configuration update [] Rejected

Remark:

System Updated & verified by:

Name & Signature (ICT Officer, MSD)