

# SWASTHA System Data Correction Form

## Medical Supplies Division

### Request Details (To be filled by requester)

File Number: ..... Unit: .....

Name: ..... Designation: .....

Contact No: ..... Date: .....

### System Module / Area to be modified:

Inventory/Stock     Procurement     GRN Process     User update

Supplier Name/Details     Other: .....

### Description of correction

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

### Recommendation and Approval

I hereby recommend this modification  
Assistant Director

.....

Signature & Date

Approved the modification  
Director, MSD

.....

Signature & Date

---

### FOR MSD / ICT UNIT USE

Date Received: .....

Action by: .....

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

Remark: .....

System Updated & verified by: .....

Name & Signature (ICT Officer, MSD)