

## User Deletion Form

Employee Name:

Site:

HR Signature:

Date:

HOD Name :

Date :

Site:

From Department:

### Kindly note that:

Mr/Miss/Mrs \_\_\_\_\_ will be discontinued from service with effect from \_\_\_\_\_

Remove Email ID: ☐ Immediately

Remove User ID(UID): ☐ Immediately

☐ After one Week

☐ After one Week

☐ After Two Week

☐ After Two Week

☐ Forward E-mail to: .....

☐ Disable UID

Door Access Card: ☐ Submitted (with this form)

☐ User will submit him/herself later (Final dues will not be cleared till the card is submitted)

BNS-SOP / IFS ID: ☐ Delete Immediately

☐ Hold for one week

Other Requests: \_\_\_\_\_  
\_\_\_\_\_

### Notes:

1. Removal of Email ID will be informed by Head of the Department in case of deletion required after one/two week.
2. Removal of User ID will be informed by Head of the Department in case of deletion required after one/two week.
3. Forwarding of Emails is only allowed for **ONE WEEK**.
4. If the user has not submitted his/her Door Access Card in 15 days, his/her salary/incentive/compensation will be put on hold till the card is submitted.
5. Any other endorsements requires IT Head authorization.

Head of Department Signature and Date:

(Note: - Return the form to IT Department)

## User Deletion Form

### TO BE FILLED IN BY - SOFTWARE DEPARTMENT

BNS-SOP ID: ☐ Disabled

☐ Will be deleted in ..... days

IFS ID: ☐ Disabled

☐ Disabled in one week

☐ Disabled in two week

Other access revoked for the user: \_\_\_\_\_

Performed by Software Engineer(Name & Signature):

Date :

### TO BE FILLED IN BY - IT DEPARTMENT

E-Mail ID: ☐ Deleted

☐ Will be deleted in ..... days

☐ Mails has been forwarded

User ID: ☐ Disabled

☐ Disabled in one week

☐ Disabled in two week

Other access revoked for the user: \_\_\_\_\_

Confirmations: ☐ BNS-SOP Disabled & Verified

☐ IFS ID Disabled & Verified

☐ Everything Verified

Performed by IT Administrator(Name & Signature):

Date :

### TO BE FILLED IN BY - IT HEAD

IT Head Authorisation  
Signature:

Date :

Remarks: \_\_\_\_\_

### TO BE FILLED IN BY - HR DEPARTMENT

Form Received Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_