



Fill the form electronically only

NEW USER ACCOUNT OPENING FORM

TO BE FILLED IN BY - HR

Date :

First Name:

Middle Name :

Last Name :

Emp ID :

Department :

Designation :

Intranet Access Requirement
(Check appropriate options)

☐

Yes

☐

No

HR Sign:

Authorized HOD :

Date :

Team Leader :
(Sales Dept. only)

Application Access Requirement (Check that may apply)	E-mail Access Requirement (Check that may apply)	Internet Access Requirement (Check appropriate options)
<input type="checkbox"/> Remote Access UK Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> eCTD (R&D Site Only)	<input type="checkbox"/> No	<input type="checkbox"/> Limited <input type="checkbox"/> Full
	<input type="checkbox"/> Not Applicable	

Other Requests :

HOD Signature:



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NEW USER ACCOUNT OPENING FORM

TO BE FILLED IN BY - IT DEPARTMENT

Assigned UID :

Date :

File Server Access	
<input type="radio"/>	"O" Drive
<input type="radio"/>	Document Srv
<input type="radio"/>	eCTD Access

Internet Access Assigned	
<input type="radio"/>	Limited Internet Access
<input type="radio"/>	Full Internet Access
<input type="radio"/>	No Internet Access

Windows Domain Assigned	
<input type="radio"/>	BNS - India
<input type="radio"/>	BNS - Ruislip
<input type="radio"/>	BNS - Perivale

E-mail ID Created in Domain			
<input type="radio"/>	@colorpharm-india.com	<input type="radio"/>	@bnsgroup.co.uk
<input type="radio"/>	@colorpharm.info	<input type="radio"/>	@bnshealthcare.com
<input type="radio"/>	@colorpharm.co.uk	<input type="radio"/>	@thamelabs.co.uk
<input type="radio"/>	@oneillspharma.com	<input type="radio"/>	@bnscolorama.co.uk
<input type="radio"/>	@bnsthamelabs.co.uk		

Other allotments :

System Administrator
Name and Signature: _____

TO BE FILLED IN BY - IT HEAD

Remarks :

IT HEAD
Signature:



APPLICATION ACCESS REQUEST FORM

TO BE FILLED IN BY - HOD

Select Location : <input type="checkbox"/> Perivale <input type="checkbox"/> Ruislip <input type="checkbox"/> India <input type="checkbox"/> Basildon		IFS / SOP ID: <input type="text"/> (To be filled by IT Department)
Application Access Requirement (Check that may apply)		
<input type="checkbox"/> BNS-SOP(Customer Order) <input type="checkbox"/> Customer Service <input type="checkbox"/> Specials Order <input type="checkbox"/> Finance Enterprice <input type="checkbox"/> Finance KPI <input type="checkbox"/> Price Matrix <input type="checkbox"/> Purchase Order <input type="checkbox"/> SPE Purchase Non-Inventory <input type="checkbox"/> BNS-Loyalty <input type="checkbox"/> RSM-Management <input type="checkbox"/> Euro Buying	<input type="checkbox"/> Change Control <input type="checkbox"/> Deviation / Error Mgmt <input type="checkbox"/> Complain Management <input type="checkbox"/> CAPA Management <input type="checkbox"/> Audit Management <input type="checkbox"/> Training Matrix	<input type="checkbox"/> PLPI <input type="checkbox"/> WMS <input type="checkbox"/> Warehouse Stock Controller <input type="checkbox"/> POD <input type="checkbox"/> Colorama Logistic <input type="checkbox"/> TPS <input type="checkbox"/> IFS Financial Intergration <input type="checkbox"/> IFS Automotive <input type="checkbox"/> IFS PureFinancials
Access Rights : <input type="checkbox"/> Normal <input type="checkbox"/> Manager		
Site : <input type="checkbox"/> SPE <input type="checkbox"/> SPE-L <input type="checkbox"/> IRE <input type="checkbox"/> LAX <input type="checkbox"/> WHO <input type="checkbox"/> RET <input type="checkbox"/> EXP <input type="checkbox"/> UKEXP <input type="checkbox"/> CON		
Other Requests: <input type="text"/>		

HOD (Name & Signature)

IT Department (Name & Signature)



INFORMATION TECHNOLOGY FEATURES FORM

Welcome to Gowrie Healthcare Pvt. Ltd. (B&S Group - UK)

This form is issued by the IT department to make New User familiar with various important IT information within the organization.

1. Your **User ID** comprises first 5 characters of your last name and 3 characters of your first name.
(Total 8 characters User ID)

For example: Name - "**Mahesh K. Mishtri**" - User ID - **mishtmah**

2. If your name is "Raju Shah" your User ID will be - **shahraju**

3. Your Windows™ (Operating System) **PASSWORD** must be 12 characters long and having combination of alpha, numeric and special characters. For example: **1234!@#\$abcd**

4. Your Windows™ password expires in 30 days and system will ask you to change the password after 23 days in which you can change the password else system will ask you to change password forcefully after password expiration (30 Days).

5. New users are not allowed to save any documents (organizational or personal) onto their Windows™ Desktop or My Documents folders; the system will automatically delete everything from the desktop as well as from My Documents folder at the time of User Log Off or System Shutdown process.

6. If you are having an E-mail Access the System Administrator will configure the assigned E-mail account (Microsoft Outlook or Mozilla Thunderbird) onto your allotted PC. Personal E-mail communication is strictly prohibited from your allotted corporate E-mail ID.

7. We have a strict policy towards organizational data copying, deleting or distributing on Internet or to any third party without having an authorization. Please note that all the System Activities and Internet Activities are always being monitored to maintain the sensitive data of the organization.

8. You are not allowed to carry and use any data storage devices, USB drives or any other external devices into the organization.

9. You are not allowed to keep cell phones with you until it is authorized from Assistant General Manager (AGM) or IT Head. You may apply for the locker facility by contacting Administration department to keep your belongings.

I have read and understand all the information mentioned herein.

Name & Signature: _____

For any IT level assistance call on extension - 401/402/(R&D India Site) - 460.



DOOR ACCESS CARD INSTRUCTION FORM

Instructions to be submitted to Team Leader/Manager:

1. Users are not allowed to use any other member's door access cards especially of Team Leaders/Managers on any doors. If found so necessary actions will be taken.
2. All the users are individually required to swipe the card at the time of incoming/outgoing on any doors every time. Swiping of one card on a single door for a group will be entitled for a necessary action from the management.
3. Team Leaders are explicitly not allowed to hand over the Door Access Card to any users to access any doors on which the user is not having an access.
4. If any user forgets Door Access Card, Rs. 10 will be charged on issuance of temporary card from IT Department. (Temporary Door Access Card Policy needs to be followed)
5. If the Door Access Card is lost/stolen/broken/demolished, Rs. 150 will be charged for the new Door Access Card. (Temporary Door Access Card Policy needs to be followed)
6. If user would like to re-issue their allotted Company Identity (ID) card, it will cost Rs. 100 respectively. (New User ID Card Requisition Policy needs to be followed)
7. Rates for the forgotten card and lost card can be increased/decreased as per the management decision.
8. If any user is leaving the job, submission of the Door Access Card will be responsibility of the user to HR department or IT department. If user forgets to submit the Door Access Card his/her final dues will not be cleared from Accounts Department.

I have read and understood the instructions mentioned herein and I have no objections for the any statements.

User Full Name:	
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User Signature :	
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Team Leader/ Manager Sign :	
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