

JINNAH SINDH MEDICAL UNIVERSITY, KARACHI.

PROFORMA

Ref No			Date:	
To, The Incharge IT Department Jinnah Sindh Medical University Karachi.	y,			
	THROUGH PRO	OPER CHANNEL		
Subject:				
It is inform you that Har				of
Model No:				
Data on which drive:				
Data Backup:	Yes	No		
All Drives Fully Format:	Yes	No		
Name of User with Signature:				
Name of Department:				
Designation:				
Extension No of Department:				