

## SERVICE REQUEST FORM [SRF] FOR ANGKASA LIBRARY MANAGEMENT SYSTEM

Sains Call Centre(24 x 7) Tel: 1-300-88-7246, Fax: 082-442522, Email: callcentre@sains.com.my, Online: http://Callcentre.sains.com.my

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REQUEST DETAILS			
Module Name :		Ref No /Docket No :	
Brief Description of Request :			
Reasons / Justifications :			
REC	QUESTER	AU	THORIZATION
Requested by :		Authorized by :	
Signature :		Signature/Stamp :	
Date Requested :		I Data Authorizad .	
<u> </u>		Date Authorized :	
** For changes to authority (such as	data, authorization must come Assistant Librarian)  d by SAINS Personnel tionality Maintena		the Library or designated  Content Update
** For changes to authority (such as  To be completed  New Func	Assistant Librarian)  d by SAINS Personnel	e from Chief Librarian, CEO of	Content Update
** For changes to authority (such as  To be completed  New Func	Assistant Librarian)  d by SAINS Personnel  tionality Maintena	e from Chief Librarian, CEO of	_
** For changes to authority (such as  To be completed  New Func	Assistant Librarian)  d by SAINS Personnel  tionality Maintena	e from Chief Librarian, CEO of ance & Fine-tuning  ACCEPTE	Content Update