Integral University
Software Development Cell
Software Development Request Application

- ***Software Stake holder Details (Please fill following for all stake holders)***

  Name:
  Department:
  Designation:
  Contact number:
  Email-Id:

- ***Details of Single Point of Contact for coordination (Leave this blank, if Stake holder is SPOC)***

  Name:

  Email Id:

  Contact No:

- ***Project Details***

  Name of Project:

  Objective (s) of Project (100 Words):

  Major Features Required in Project (Detailed, use other sheets if required):

Integral University
Software Development Cell

Project Approval

Name of Department	Name of Head/Stakeholder	Email Id: / Contact No:	Date	Signature

-----To be filled by office of Director - Planning & Research------------------------------------

- **Project Status:** ☐ Approved   ☐Rejected   ☐Held

- **Priority (in case of approved):**   ☐Immediate   ☐Moderate   ☐Low

- **Remarks, if any:**

Signature

Director, Planning & Research