



Sun Pharmaceutical Industries Limited



Attachment - SOP

Ref: CS/017/10-00

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# CHANGE CONTROL FORM (Computerized Systems)

Prepared By <i>Tushar Patel</i> 26/04/11	Checked By <i>Pareesh Shah</i> 27/04/2011	Approved By <i>Pareesh Shah</i> 27/04/11
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CC No.	: C914/ CS1089	Initiated by	: Pareesh Shah	Department	: HR
Issued by	: Tushar Patel	Issued on	: 20/09/14	Issued to	: Pareesh Shah
Description of system	: Metis	Module	: Admin		
Application	: Employee Masters				
Type of system	: <input checked="" type="checkbox"/> Centralized	<input type="checkbox"/> Locational			

Existing system :

Refer as per attachment - 1

Proposed system :

Refer as per attachment - 1

Justification for change :

Refer as per attachment - 1.

## EVALUATION FOR REQUIREMENT OF CHANGE

Proposal for change justified: ☒ Yes ☐ No

If "No", then reason/ justification for closure of CC: - NA -

Remarks (if any): NO COMP IMPACT.

Evaluated by/ date: *Devon Sivastava*  
23/11/14

(Dept. Head) *Devon*  
23/11/14

Concurred by/ date: *GNM*  
23-2-14

(Location MIS Head)

Approved by/ date: *Vikash*  
06/10/14

(QA - Head)

(Vikash Parmar)



Sun Pharmaceutical Industries Limited



Attachment - 1 to SOP

Ref# CS/017/10-09

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# CHANGE CONTROL FORM (Computerized Systems)

Prepared By	Checked By	Approved By
<i>Tinku</i> 26/04/11	<i>AST</i> 27/04/2011	<i>MM</i> 27/04/11

## IMPACT ASSESSMENT

Impact on	Recommendation	Assessed by / date (Dept. Head)	Concurred by / date (Impacted dept. Head)
Application/ Process	<i>Doc. YES</i>	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Validation/ Qualification	NO	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Documents	NO	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Other Systems	NO	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Training	NO	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Regulatory aspects	NO	<i>Docu</i> 23/9	<i>Docu</i> 23-9-14
Any other 1. Function 2. Report 3. Labels 4.	NO	<i>Docu</i>	<i>Docu</i> 23-9-14

## Approval for execution

Quality Head	:	<i>NA</i>	Plant Head	:	<i>NA</i>	*CQ Head	:	<i>R&amp;S</i>
Date	:	<i>NA</i>	Date	:	<i>NA</i>	Date	:	06/10/2014
Attachments : <i>Attachment - 1</i>						*CQ CC No.	:	
						URS No.	:	<i>NA</i>

## Evaluation of requirement and impacts by MIS\*

(\*For Centralized systems, Corporate MIS)

Conclusion : *Capture Employee information as per Business requirement*

Change Management Process; ☒ Source Code Change ☐ Configuration Change

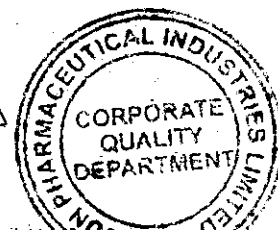
Evaluated by (MIS Designee)	:	<i>MM</i> 8-10-14	Approved by (*Head - MIS)	:	<i>MM</i> 8-10-14	Approved by (Head - QA/ *CQ)	:	<i>R&amp;S</i> 06/10/2014
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\*Not applicable in case of "Locational" system



Sun Pharmaceutical Industries Limited

C2714/CS1089



Attachment 1 to SOP  
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### CHANGE CONTROL FORM (Computerized Systems)

Prepared By <i>Timber</i> 26/04/11	Checked By <i>[Signature]</i> 27/04/2011	Approved By <i>[Signature]</i> 27/04/11
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#### Change Assessment by MIS

Configuration Change Type: ☐ Parameter Change ☐ Database Object  
(applicable only when Change Management Process is through Configuration Change)

Parameter Change Details:  
(applicable when Configuration Change Type is Parameter Change)

Parameter Name	Parameter Table / File Name	Old Value (mention NA when parameter is added)	New Value (mention NA when parameter is deleted)

Database Object Change Details:  
(applicable when Configuration Change Type is Parameter Change)

Object Type (Function / Trigger / Structure Change / Index)	Database Object Name	Nature of Change (New / Update / Drop)	Object Updated by / Date

#### Change Implementation Status

Change implemented <input type="checkbox"/>	Change not implemented <input type="checkbox"/>	Implementation Date:
Reason, if change is not implemented :		
Approved by/ Date (Head - MIS) :		
Change control Closed by/ Date (*CQ) :	Change control Closed by/ Date (QA) :	

\*Not applicable in case of "Locational" system

Sr #	Name of Screen / Report	Existing System	Proposed System	Justification For Change
1	Employee Detail Change, Event, MPR, Recruitment OT field to be re-name	This Functionality is not cover in existing system	<p>Consider existing department as Sub Department.</p> <p>Add column as Department Main and Functional Group of Department</p> <p>Provide additional department field in MPR, Evaluate(i.e. Recruitment), Employee, Employee Detail Change, Event options including pop help as mentioned in Sr. No. 1</p> <p>In Employee Detail Change, Event options provide previous value and new value. Default new value has to same as previous.</p> <p>All validation exists on department field are applicable to this two new fields.</p> <p>Change label of existing department as Sub Department</p> <p>Department Main and Functional Group should not be blank in all options. In case, of blank column, value of sub department get updated in both fields</p> <p>Provide additional two department fields in following report option too.</p> <p>Provide following fields in Employee, Employee Detail Change, Event option.</p> <p>a) <b>Work Location Code:</b> (Provide pop help on work location code and value should come from master only. System should not accept any other value)</p> <p>b) Extension Number</p> <p>c) <b>User ID:</b> (Value of this field will use for Single Sign on ID. On any change, system should update user id in users table automatically.)</p> <p>d) <b>UAN</b>(i.e. Universal Account Number) for Employee</p>	Retrieve relative Information based on function wise as well as core department wise, employee work location as well as for integration.

Sr #	Name of Screen / Report	Existing System	Proposed System	Justification For Change
			<p>Provident fund.</p> <p>e) <b>AADhar Number</b></p> <p>f) <b>Election Card Number</b></p> <p>g) <b>Driving License Number</b> with period Validity</p> <p>h) <b>Physical Handicap</b> with drop down option of "Yes", "No"</p> <p>i) If employee is physically handicap than system has to force to enter category. Pop help is required on this field and system should accept those values which is available in the pop help.</p> <p>j) Employee covered under Group Mediclaim with drop down option of "Yes", "No"</p> <p>k) In Family option of employee master, add one field to identify who are covered under Group Mediclaim with drop down option of "Yes", "No"</p> <p>Work&lt;&gt;&gt;, OT word to be replace with Extra working</p>	

Sign :



Date :

23/9/14