

الجهاز المركزي لتكنولوجيا المعلومات
THE CENTRAL AGENCY FOR INFORMATION TECHNOLOGY



مرفق 1 كشف كباين الاجهزة (DRSFM0201) GA DR CABINET LIST FORM

GA DETAILS		Date of Form		
Government Agency:				
Name:				
Department:				
Contact Details:	Office Tel	Ext	Direct Tel	Mobile
Email Address:				

CABINET DETAILS

S/N	Cabinet ID	Size (HxWxD) in Inch	Power Required K Watt	AC Required in BTU

Date of Delivery

Signature

===== CAIT USE ONLY =====

Delivered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By	
Comments (if No):				Date
Name:				

Date

Signature

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مرفق 2 كشف الاجهزة (DRSFM0202) GA DR EQUIPMENT LIST FORM

GA DETAILS		Date of Form		
Government Agency:				
Name:				
Department:				
Contact Details:	Office Tel	Ext	Direct Tel	Mobile
Email Address:				

EQUIPMENT DETAILS

S/N	Equipment Type	Serial Number	Specifications	Cabinet S/N

Date of Delivery

Signature

CAIT USE ONLY

Delivered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By		
Comments (if No):				Date	
Name:					

Date

Signature

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مرفق 3 كشف التغير في الاجهزة و المعدات (DRSFM0203) GA DR EQUIPMENT CHANGE FORM

GA DETAILS		Date of Form		
Government Agency:				
Name:				
Department:				
Contact Details:	Office Tel	Ext	Direct Tel	Mobile
Email Address:				

EQUIPMENT ORIGINAL DETAILS

S/N	Equipment Type	Serial Number	Specifications	Cabinet S/N

EQUIPMENT NEW DETAILS

S/N	Equipment Type	Serial Number	Specifications	Cabinet S/N

Date of Delivery

Signature

CAIT USE ONLY

Delivered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By		
Comments (if No):				Date	
Name:					

Date

Signature

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مرفق 4 كشف الخدمات والأنظمة الآلية (DRSFM0204) GA DR E-SERVICES & APPLICATIONS LIST FORM

GA DETAILS		Date of Form		
Government Agency:				
Name:				
Department:				
Contact Details:	Office Tel	Ext	Direct Tel	Mobile
Email Address:				

E-SERVICES & APPLICATIONS DETAILS

S/N	APPLICATION NAME

Date of Delivery

Signature

===== CAIT USE ONLY =====

Delivered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By		
Comments (if No):				Date	
Name:					

Date

Signature