

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
OFFICE OF THE COMMISSIONER EXCISE, ENTT. & LUXURY TAX  
L & N BLOCK, VIKAS BHAWAN, NEW DELHI

No.F.1 (52)/CE/ESCIMS/2013-14/

993-1000

Dated:

26/2/2014

**ORDER**

The Excise Supply information Management System (ESCIMS) has been initiated by the Excise Department, GNCTD with the objective to make the system more transparent, efficient, effective and accountable with the help of Information & Communication Technology.

To have a formal process of the Change request in any ESCIMS module received from various branches from time to time a Change Request Board is set with the following members to implement the changes through a pre-defined change control procedure:

- |                                    |          |
|------------------------------------|----------|
| 1. Dy. Commissioner (Excise)       | Chairman |
| 2. Dy. Commissioner (Taxes)        | Member   |
| 3. Assistant Commissioner (ESCIMS) | Member   |
| 4. System Analyst (Excise)         | Member   |
| 5. Project Director (IA), TCS      | Member   |
| 6. Sr. General Manager (PMU), NISG | Member   |

**The primary objective of the Board shall be:**

1. To incorporate application changes that occur in the business and user requirement in the course of the business including regulatory changes,
2. To enable realistic control of time, cost and effort spent on the project

**The Change Control Board shall cover:**


1. Identification and documentation of the needs for the Change and associated details,
2. Analysis and evaluation of change request for the technical impact. Also the impact on effort and schedule will be evaluated depending on the available resource in the project,
3. Approval/Rejection /deferral of the change request,
4. Testing/UAT of the change request,
5. Implementation of the changes in the production

**Procedure for the Change Control Request for the branches:**

1. The branches shall give the change request in the format enclosed as Annexure A to the Dy. Commissioner (Excise) who will convene the meeting of the board as per the requirement,
2. A change control request register shall be maintained to track the status of the Change Request and the progress and the implementation.
3. Format of the Change Control Register is enclosed as Annexure B which will be maintained by the System Analyst.

4.

**This issue with the approval of the Commissioner (Excise).**

  
(Indu Shekhar Mishra)  
Deputy Commissioner (Excise)

No.F.1 (52)/CE/ESCIMS/2013-14/

Dated:

**Copy to:**

1. All members of the Change Control Board, ESCIMS
2. DCA, AO,
3. All Assistant Commissioner (Excise), GM, LTO, ETO,

**Copy for information to:**

✓ PS to Commissioner (Excise)

# Annexure A – Change Control Notice

Change Control Note		CCN Number:
<b>Part A: Initiation</b>		
Title:		
Originator:		
Sponsor:		
Date of Initiation:		
<b>Details of Proposed Change</b>		
(To include reason for change and appropriate details/specifications identify any attachments as A1, A2, and A3 etc.)		
Authorized by Project Director	Date:	
Name:		
Signature:		
Received by the Implementing Agency	Date:	
Name:		
Signature:		
Change Control Note		CCN Number:
<b>Part B : Evaluation</b>		
(Identify any attachments as B1, B2, and B3 etc.)		
Changes to Services, payment profile, documentation, training, service levels and component working arrangements and any other contractual issue.		

Brief Description of Solution:

Solution Impact:

Cost Impact (if any):

Deliverables:

Timetable:

Other Relevant Information:

(including value-added and acceptance criteria)

Authorized by the IA

Date:

Name:

Signature:

Change Control Note

CCN Number :

Part C : Authority to Proceed

Implementation of this CCN as submitted in Part A, in accordance with Part B is: (tick as appropriate)

Approved

Rejected

Deferred

Requires Further Information (as Follows or as Attachment 1 etc.)

For Project Director and its nominated agencies

For the Implementing Agency

Signature

Signature

Name

Name

Title

Title

Date	Date
Pa. J : Activity Completion Status	
Completed Date	
Project Director (IA)	
Name	Signature
Accepted by the Project Director	
Name	Signature

