User Creation and Authorization Request Form
for Non-works Department in Commitment Control System (CCS), Finance Department, Government of Rajasthan

1. Name of the Applicant Directorate: ………………………………………………………………………………………….

2. Department Name: ……..

3. Employee Name: ………..

4. Gender: …….

5. Designation: ……….

6. SSO ID: ……

7. Office ID (from IFMS): ………

8. Office Address: ……

   ………

9. District: …….

10. Contact: (Office) ……………………………………………. (Mobile) ……………………………………………………..

11. Email ID: ………

12. Accessibility of the System:

    There are following three roles in the system:

    - Maker:
      In this role, a user will submit different information for a commitment under different modules of the system.

    - Approver:
      In this role, a user will verify the submitted information for a new commitment only and take an appropriate action accordingly. This role shall provide administrative approval for a new commitment registered by maker.

    - HOD Office user:
      This role will be applicable for a user, who shall be responsible to perform financial sanction and budget activities in the system.

      Note: A user can assign only one of the above-mentioned roles at a time.

Please find the list of different activities in the system for above mentioned roles on next page. Please select one role for this user as per his relevant system modules/ activities.

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Sr. No.	Role	Activities	Tick here (✓) (only one role for a user)
1.	Maker	- Commitment Registration - Edit Commitment - Multiyear Plan Submission - BFC Form 9 Submission - Quarterly Expenditure Plan Submission - Actual Expenditure Entry	
2.	Approver	- Approval for a new commitment	Please select one approval stage for the user:
3.	HOD Office	- Financial Sanction Entry - Revised Financial Sanction Entry - BFC Form 9 Finalization - Allotted Budget Entry	

For Approver (Sr. No. 2):

Approver Level	Tick here (✓) (only one stage for a user)
Administrative Department	
HOD	
Regional Office	
Subordinate Office/ Head of Office	

User

Signature:

Name:
Designation:
Date:

Approver (Higher Authority)

Signature:

Name:
Designation:
Date: