

Below section needs to be on Letter Head while submitting back to Manipal Hospitals

APPENDIX [E]

This document is part of the Data Processing Agreement (DPA) and needs to be submitted when requested.

Complete details of the Data destroyed is attached herewith as Appendix E.

For _____

(_____)

Name:

Designation:

Date:

Reporting Date		Author	
Object (Data)			
Date of Data Receipt		Person in charge of Data Management	
Purposes of Data Processing			
Reason for Data Deletion/Destruction			
Location where Data Deleted/Destructed			
Means of Deletion/Destruction			
Person Executing Deletion/Destruction		Person Participating in Deletion/Destruction	