

National Informatics Center
Room No.222, 2nd floor, Deluxe Building
Sector 9D, Chandigarh-160009
Tel:+91172-2740708

IP Address Request Form

Dispatch No.....

Dispatch Date:-.....

(Fill All The Information In Capital Letters Only)

User Name:

Designation:.....

Department: Branch.....

Contact No: Mobile No:

Room No:..... Floor:.....

Email -Id.

Office Address:.....

.....

Device (Laptop/Desktop/WiFi** Others)..... Operating System: Antivirus:

**** In case of WiFi device, not integrated with NIC WiFi controller, NIC will not maintain any access logs beyond Wi-Fi device. User/Department, on whose name IP address is issued, shall be responsible for maintaining logs, access and provide users/devices details required, in case of any security breach or malicious activities happening. .**

Declaration: I hereby declare that the information provided is correct. The requirement is approved by the competent authority. I will comply with the terms and conditions of NIC and follow the IP usage policy. I will surrender the IP address when not required and inform the same to the assigning authority. I will inform the assigning authority when the administrator of the node is changed.

Signature of Applicant

(Signature)

Head of Department

For UT Secretariat Only _____

Network Cable laid for: - New installation/ Reinstallation

If reinstallation, previously laid cable removed: Yes/No

Network Cabling lying is Approved: - Yes/No

Remarks:-

(Signature)

(SO Electrical, UT Secretariat)

For office Use Only

IP Address:

MAC Address:

Gateway Address.....

Subnet Mask:.....

DNS Address:.....

Device(Switch/Hub):Port No.Floor:

Remarks:.....

Name of FMS Engineer

Date & Signature of Approving Authority

***Note: Please submit form with covering letter to NIC office**