

**National Informatics Center**  
5<sup>th</sup> Floor, Chandigarh Secretariat  
Building, Sector 9D, Chandigarh-160009  
Tel:+91172-2740708

**IP Address Request Form**

Dispatch No.....

DispatchDate:-.....

**(Fill All The Information In Capital Letters Only)**

UserName: .....

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)

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**For office Use Only**

IP Address: .....

MAC Address: .....

Gateway Address.....

SubnetMask:.....

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**