

**National Informatics Centre
IP Address Request Form**

Date:

Name of Division/Group

No. IP Address Requirement

Purpose (LAN/Server)

Location (in case of Server)

Location of Server

System Administrator

Phone (Office)

Phone (Residence)

E-Mail Address

HOD Name

HOD email Address

HOD Phone Number

Remarks (if any)

Signature

System Administrator

Signature

Division HOD

To be filled By Network Operations Group

IP Address Alloted

Date

Remark

Signature of Approving Authority