**Dated: \_\_\_/\_\_\_/\_\_\_\_\_\_**

**IP Allocation Form (NIC Himachal Pradesh)**

(Please fill the form in CAPITAL LETTERS)

|  |  |
| --- | --- |
| Name of User |  |
| Designation |  |
| Branch Name |  |
| Room No./ Floor No./ Building |  |
| Mobile /Extension No. |  |
| E-Mail Id |  |
| eOffice Compatibility |  |
| IP Address |  |
| Assigned Date |  |
| OS Installed |  |
| AV Installed |  |
| Hardware Details | RAM: HD: CPU: |
| Data Collected By |  |

 **I hereby certify that I shall use my system responsibly and avoid any misuse of internet on my system. I shall abide by policy laid by Government of India or Government of Himachal Pradesh in this regard. I will install proper Antivirus and other Operating System updates on my machine. I also understand that NIC/ Department of IT/ Secretariat Administration reserves the right to disconnect this facility in case my system is found involved in any cyber security incident.**

**Signature of Controlling Officer Signature of User**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intercom No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature with Date**

**(On behalf of NIC )**