IP Address Request Form

Application No:_____

Date :_____

A: User Detail

1. Name of User :_____
2. Address :_____
3. Division/ Department:_____
4. Contact No: _____
5. Email : _____
6. Location of the Node::_____
7. Type of Node :_____
8. Details of the IP address allocated

Network	Start address	End address	Subnet mask	Default gateway

9. Requirement of the IP address:

    _____

    _____

10. Required connectivity : Internet/ NICNET:_____
11. No of IP addresses required:_____
12. Period for which the IP address is required:_____

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.

Date and Signature of the Subscriber

12 : Name of the Approving Authority : _____

Date and Signature of the Approving Authority

B. IP address Allocation to be filled by IP allocating division

1. Application No:_____

2. Details of the IP address allocated

Network	Start address	End address	Subnet mask	Default gateway

3. Device connected to :

Location	Device IP	VLAN name	Port no

Date and Signature of the allocating authority