

**Collector Office Network**  
*National Informatics Centre*  
**Collector Office, Palghar.**

Date:     /     / 20

**Employee Details:**

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

Department: \_\_\_\_\_

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

Contact No: +91 \_\_\_\_\_

Email Id: \_\_\_\_\_

**Node Details:**

Location of the Node:: \_\_\_\_\_

Type of Node: \_\_\_\_\_

Node MAC Address: \_\_\_\_\_

Name of Node: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Issued To: \_\_\_\_\_

Issued On:   /   / \_\_\_\_\_

***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 be responsible for any illegal website access from this IP. 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/user of the node/computer is changed.*

Date and Signature of the Subscriber

Name of the Approving Authority \_\_\_\_\_

Signature of the Approving Authority  
With date and Seal

**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

**Network Administrator,  
NIC Collector Office,  
Palghar.**