

National Informatics Center  
Room No.222, 2<sup>nd</sup> floor, Deluxe Building  
Sector 9D, Chandigarh-160009  
Tel: +91172-2740708

**IP Address Request Form**

Dispatch No..... Dispatch Date:-.....  
User Name: .....  
Designation: .....  
Department: ..... Branch.....  
Contact No: ..... Mobile: .....  
Room No: ..... Floor: .....  
Email -Id. ....  
Address: .....  
.....  
.....  
Operating System: ..... Antivirus: .....

**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

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**For office Use Only**

IP Address: .....  
MAC Address: ..... Gateway Address .....  
Subnet Mask: ..... DNS Address: .....  
Device:..... Port No..... Floor:.....  
Remarks:.....

Date & Signature of FMS Engineer

Date & Signature of Approving Authority

**\*Note: Please submit two copies of the form to NIC office**