

IP ADDRESS ALLOTMENT / EXTENSION REQUEST FORM

Section A: Subscriber Information

1 Department / Division : _____

2 Address : _____

3 Whether IP Addresses already allocated (Yes / No): _____

4 If Yes, provide details:

| Network | IP Address Range | Subnet Mask | Default Gateway |
|---------|--------------------------------|-------------|-----------------|
| | Start End | | |

5 Whether IP address required, if so, please provide following details:

| New / Additional | No. of IPs required | Purpose for which required |
|------------------|---------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| 6 | User Details | | | | | |
|----|--------------|-------------|-------------|-------------|------------|--------------------------------------|
| | Name | Designation | Device Type | MAC Address | Mobile No. | IP Allocated (to be provided by NIC) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Note: In case, number of users is more than 10, the details may be provided on a separate sheet (as per above format).

Name : _____

Designation : _____

Sign. of the HoD / HoO with Seal & Date

| For Office Use Only | | | | |
|--|------------------|-----|-------------------------------|-----------------|
| Section B: New / Additional Allocation Information | | | | |
| Network | IP Address Range | | Subnet Mask / Default Gateway | Remarks / Sign. |
| | Start | End | | |
| | | | | |
| | | | | |

Section C: Verification by NIC Coordinator Remarks: _____

Name: _____

Designation: _____

SIGNATURE