PUBLIC IP ADDRESS REQUEST FORM V2.0

A: User Detail **Date:**

1. Requester Name: _____
2. Address :_____
3. Division/Department: _____
4. Contact No: _ _____
5. Email : _____
6. Type of Node: _____
7. Requirement of the IP address:_____
8. Required Connectivity: _____
9. No of IP Address required : _____
10. Period for which the IP address 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 UPSDC 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.

Requester Signature **HoD/Authorized Signatory**

(Signature and Stamp) (Signature and Stamp)

Nodal Officer, UPSDC

(Signature & Stamp)

B. For DCO USE

1. Details of the Public IP Address Allocated:

Network	Start address	End address	Subnet mask	Default gateway

2. Other Details:

Sr. No.	Server Details	Fill UP By DCO
1	Server Type	
2	No. of Server	
3	Occupied Rack Space	
4	Server Rack No.	

Signature of the Allocating Authority **DCM**

Date: **(Date & Stamp)**