National Informatics Centre
Department of Information Technology
Ministry of Communications & Information Technology
Government of India

Digital Certificate (Class 0) Request Form for VPN Services

NOTE:
1. *Please fill the form in BLOCK LETTERS only.*
2. *Items marked with * are mandatory.*
3. *All date fields should be filled- in like DD-MM-YYYY.*

SECTION-I: SUBSCRIBER INFORMATION

1.1 PERSONAL

FIRST NAME:*

MIDDLE NAME:

LAST NAME:

DESIGNATION:*

EMPLOYEE CODE: (if any)

MOBILE: (if any)

1.2 OFFICIAL ADDRESS

Name of the Office*

Ministry/Department*

Premise Address

City/Town*

State

PIN Code*

Phone No.* (incl. STD Code)
Fax No. (incl. STD Code)

E-mail Address*

1.3 VPN SERVICES REQUIRED* (To be verified by NIC-WSMAD)

(a) List of Web site*

OS		n	a	m	e		o	f		t	h	e		s	i	t	e	s

(b) Database Server IP Address

(c) other Server IP Address

Port

1.4 INTERNET SERVICE PROVIDER*

1	NICNET	Gateway IP No.		VSAT/RF/LEASED LINE/LAN/DIALUP/CABLE

ISP Name (other than NIC)	Connection Type	Username at ISP	System behind Proxy
	LEASED LINE/ DIALUP/CABLE		

DISCLAIMER

The VPN Service provides a secure communication channel for updating the websites. This service is provided to facilitate the users to do remote updation of their sites hosted in NIC. The VPN Services provided cannot control the Content being updated and hence the services provided will be not responsible for the contents being updated. Also the VPN Service offered will not be responsible for security breach of the web sites by exploiting vulnerabilities in the site updating services (Front Page, FTP, SSH, SQL) and web services (HTTP). VPN Services offered will not be responsible for security breach of the VPN client software.

DECLARATION

I hereby declare that

1. The information provided is correct.
2. The private key will be kept safe and will not be shared with others.
3. If the private key corresponding to the public key listed in the Digital Certificate (DC) has been compromised, I will communicate the same without any delay to the NIC VPN Administrator.
4. Address for communication vpnsupport@nic.in, Phone no:24360210, 24360088.
5. The certificate issued will be used only for accessing the NIC VPN Service.
6. Will not indulge in any activity and will not disclose information about NIC VPN Services that may result in the breach of the NIC facilities.
7. No attempt will be made to gain unauthorized access to other NIC Websites and facilities.
8. The VPN User is responsible for the safety of the VPN Certificate, PIN, Username and Password used for accessing VPN Service.

I will comply with terms and conditions of NIC VPN Services. If at a later stage any information is found to be incorrect or non-compliance with the terms and conditions will result in the cancellation of the DC issued by NIC for NIC VPN service.

Place: _____   Signature of the Subscriber

Date: | | | - | | | - | | | | |

                                                    Name: _____

SECTION-II: RECOMMENDATION

2.1 Recommendation by the Reporting Officer

The person as identified at 1.1in SECTION-I is reporting to me and I approve the request for a Digital Certificate and updation of the sites listed in 1.3 .

<div align="right">
SIGNATURE

NAME: _____

Designation:_____

E-mail:_____

Phone No.:_____

Seal:_____
</div>

Date: ☐☐ - ☐☐ - ☐☐☐☐

SECTION-III: VERIFICATION BY NIC-WSMAD or NIC-HoD(USER DEPTT.)

3.1 Verification by NIC-WSMAD or NIC-HoD(User Deptt.)

The web sites mentioned at 1.3 (a) in SECTION-I is correct. The subscriber is the authorized person to update this web site and require VPN Services. Permission may given to the user for the following IP addresses and ports.

(a) List of Web server.

Web Site URL	IP Address				Port

(b) List of Database server

Type of Database Server	IP Address				Port

<div align="right">
SIGNATURE

NAME: _____

Designation:_____

E-mail:_____

Phone No.:_____

Seal:_____
</div>

Date: ☐☐ - ☐☐ - ☐☐☐☐

SECTION-IV: OFFICE USE

4.1 Request ID

4.2 Username assigned for VPN Account

4.3 Password assigned (Initially) for VPN Account

4.4 Creation Date

Date: ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

4.5 Created by

SIGNATURE

NAME: _____

4.6 Informed to

4.7 Informed through

1. Email
2. Letter
3. Phone

Remarks: