### National Informatics Centre Department of Information Technology Ministry of Communications & Information Technology Government of India VPN application Form for Bulk Account

#### *NOTE:* 1. Please fill the form in BLOCK LETTERS

- 2. Refer the NIC VPN policy and follow instruction given last page.
- *3. Items marked with \* are mandatory.*

SECTION-I	Project Name: eBiz-RBI
1.1 Details of the Project in charge	
NAME:* :	
DESIGNATION:*:	
E-Mail Address *:	
Contact No(Mob):*	Landline :
1.2 OFFICIAL ADDRESS	
Name of the Department *:	
Office Address *:	

## State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

#### **1.3 List of the Servers**

IP Address of the	Location of	Destination Port	URL/ hostname
Server	the Server		
10.24.227.12	LNDC	443,9040,9041	https://10.24.227.197:9041/workspace
10.24.227.13	LNDC	443,9040,9041	https://10.24.227.201:9041/workspace

#### 1.4: No of Users :

(Enclose the list of users as per the format in Annexure I)

### **DECLARATION**

I hereby declare that

- 1. The information provided is correct.
- 2. This is to certify that the users as identified in "Annexure I" have correct information and are authorized on behalf of the organization to access servers listed in 1.3.
- 3. This is to declare that all users listed along with the application form have been notified about the terms and condition and they agree to abide by them.
- 4. I shall be the single point of contact in case of any failure on their part.
- 5. I shall intimate NIC VPN division to deactivate the account when the user is transferred / relived from responsibility for which the VPN account and digital certificate is issued.

I have read the terms and conditions of NIC VPN Policy and will comply with. 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 NIC VPN service.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (with Official Seal)

#### SECTION-II: Verification by Project Coordinator /

The web services mentioned at 1.3 in SECTION-I are correct. The subscriber is the authorized person to update these web sites and require VPN Services. Permission may give for the same. I shall intimate NIC VPN division to deactivate the account when the person is transferred / relived from responsibility for which the VPN account and digital certificate is issued.

Signature (with Official Seal )

Name: Monika Pahadekar

Designation: Manager, RBI (Foreign Exchange Dept)

E-mail: mpahadekar@rbi.org.in

Date: \_\_\_\_\_

Phone No: 022-22602739

Annexure I

### Details of the VPN users

Project ID: \_\_\_\_\_

Date: \_\_\_\_\_

COMMON NAME(Enter common name same as on DSC received from IDRBT)	SERIAL NUMBER (as on Digital Certificate Token)	MOBILE	Email ID	ADDRESS
	NAME(Enter common	COMMON(as on Digital CertificateNAME(Enter commonToken)	COMMON(as on Digital CertificateMOBILENAME(Enter commonToken)Image: Same as	COMMON(as on Digital CertificateMOBILEEmail IDNAME(Enter common name same asToken)Email ID

### • These fields should be same as mentioned in the Digital Certificate

1. Verification by Nodal -in-charge :		Signature (with Official Seal)	
2. Verification by	Project coordinator :	Signature (with Official Seal)	

# National Informatics Centre Services Inc. (A Government of India Enterprise under NIC) Ministry of Communication & Information Technology New Delhi

Payment Reference form					
	(Requires for issuing PO) Date : 01 /04 /2015				
PI Da	ite:	12/02/2015		Performa Invoice No PPCDL141571	
S.No	No		Par	ticulars	
1.	Project Name / PID (in case of existing Project)		<i>VPN SERVICES FOR E-BIZ C150110GNN1</i>		
2.	Department Name: (Department / Ministry / Org. / Institute etc.)		Department of Industrial Policy and Promotion		
3. Amount of Advance Provided: @ Rs 4827/- per account per year					
4.	4. Payment to be made in NICSI Account in ICICI Bank		IFSC CODE : ICIC0000104 A/C NO. NICSIPPCDL141571 BRANCH CODE : ICICI BANK CMS		
5.	5. Payment Mode		(NEFT-RTGS)		
6.	UTR No.				
7.	7. Transaction ID and Date				
8.	8. User Department :				
9.	. Contact Person Name:				
10.	. Contact Person Phone Number:				
11.	Contact Person E-mail ID::				
12.	No of VPN Accounts				
13.	Billing Address:				
14.	. Period of Services		2 years		
15.	Name of VPN users				

The payment reference form to be send to <u>Vpnrbi-dipp@gov.in</u>. Also enclosed copy of completely filled and verified VPN application forms or list of users.