

Government of India
Ministry of Communication & Information Technology
Department of Information Technology

NATIONAL INFORMATICS CENTRE

Gujarat State Centre

Block No. 13, Second floor, New Sachilvalaya Complex, GANDHINAGAR-382010

PROJECT REGISTRATION FORM

Project Name : _____

User Department : _____

Department Nodal Person : _____

Office Address : _____

: _____

Telephone (O) _____ (R) _____

NIC Team Members (with Residence Phone) (1) _____

(2) _____

(3) _____

Database Type with version : _____

Initial Database size(Basic) : _____ Approx Increment(yearly): _____

OS type with version : _____

Local Language Support required : Yes / No

Type of Topology : Web enabled / Client Server / Others

Usage Mode : Internet / Intranet / Only NIC domain

Database Details : _____

DB Name:

User Name:

Directory Name : _____

Virtual:

Actual:

Main file Name : _____

(For Web enabled)

(Signature of Project Leader)

(Signature of SIO)

For SAN team only

Date of creation of project on SAN : _____

IP Number: 1. Web Server:

2.DB Server:

Signature(With Date):