

Registration of Web Site URL under nic.in

(* - Fields are mandatory)

Required Domain Details

Domain Name* _____ .nic.in

Ministry/Department/Organization Contact

Name*

Organization*

Address1*

Address2

City*

Pincode*

State/Province*

Country*

Telephone*(+91.1124368854)

Mobile

Fax(+91.1124368854)

Email*

Administrative Contact

Name*

Organization*

Address1*

Address2

City*

Pincode*

State/Province*

Country*

Telephone*(+91.1124368854)

Mobile

Fax(+91.1124368854)

Email*

Technical Contact

Name*

Organization*

Address1*

Address2

City*

Pincode*

State/Province*

Country*

Telephone*(+91.1124368854)

Mobile

Fax(+91.1124368854)

Email*

Signature of HOD with Seal



Government of India

Ministry of Communication and Information Technology

National Informatics Centre

iNOC, A-Block, CGO Complex, Lodhi Road

New Delhi - 110003

DNS Entry/Modification/Deletion Request Form

- NOTE-** 1. Please read all instructions carefully and tick (V) the required services.
 2. Only DNS entry request on NIC IP pool (164.100.X.X) & NIC IPv6 addresses will be entertained.
 3. NIC Domains are not allowed for PSUs (Public Sector Undertaking).
 4. All fields are mandatory and need to be filled in capital Letters.
 5. Scanned copy of request form need to be sent to dns-request@nic.in.
 6. All MX entries to be created under messaging services of NIC should necessarily be forwarded to mailservices@gov.in .

1. Action to be done:

- New Entry Modification Deletion

2. Type of DNS Record:

- A (For IPv4) -AAAA (For IPv6) -MX (For Mail Server) -PTR (For Mail Server)
 -SRV (For Mail Server) -SPF (For Mail Server) -TXT (For Mail Server)

| | | | |
|------|-------------|-------|-------------|
| SNo. | [REDACTED] | | |
| 1 | Domain name | URL : | IP Address: |
| | | www. | IP Address: |
| 2 | PTR | URL : | IP Address: |
| 3 | MX | URL : | MX NAME: |
| 4 | TXT | | |
| 5 | SPF | | |
| 6 | SRV | | |
| | | | |

3. Location of Server: -----

4. Details of the Concerned Coordinator (User's side):-

a. Name: -----

b. Contact Numbers:

Mobile: ----- **Office:** -----

c. Date: -----

d. E-Mail Address: -----

5. Min./Dept./Org:------

6. Signature of nominated Nodal Officer (with office seal)