

**FORM-8**  
**VPN Service Request Form**

1	Name	
2	Organization Name	
3	Role & Designation	
4	Mail ID	
5	Mobile No.	
6	Emp ID	
7	Project Name	
8	Purpose of VPN Service	
9	Permission for VPN	<input type="radio"/> RDB <input type="radio"/> SSL <input type="radio"/> Others
10	Server IP Address	

Signature of the Applicant  
(With Date and Requesting Organization seal)

Recommended and forwarded  
Service Implementing Agency

To The Project Manager (CT)  
State Data Center

**For DCO use only**

1	Title of the Website	
2	Server IP	
3	Network Services	
4	Change Request No.	
5	Rack No.	
6	CHASSIS No.	
Remarks		