

Government of Puducherry

FORM-15

Network Port Request Form

Name of the project:

URL address (If any):

Sr.No	Source Server/Client IP Address(es)	Destination Port(s)/Service(s) required	Destination Port(s) Type(UDP/TCP)	Accessible Over Internet/ Intranet	Purpose	Risk involved	Risk mitigation/Remarks	Target Server IP (To be filled by user for Co-located Model)	Target Server IP (To be filled by DCO for Shared Model)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

Signature of the applicant
Date and Seal

For DCO's Use only

Recommendation of DIT / SIA

For Internal Use Only

PYSDC