Incident Reporting Form

I am:	☐ the effected entity	☐ reporting incident affecting other entity

Contact Information of the Reporter

Name & Role/Title		☐ Individual ☐ Organization
Organization name (if any)		
Contact No.		Email:
Address:		

Basic Incident Details

Affected entity (if not same as reporting entity above)	

Incident Type

☐ Targeted scanning/probing of critical networks/systems

☐ Compromise of critical systems/information

☐ Unauthorised access of IT systems/data

☐ Defacement or intrusion into the website

☐ Malicious code attacks

☐ Attack on servers such as Database, Mail and DNS and network devices such as Routers

☐ Identity Theft, spoofing and phishing attacks

☐ DoS/DDoS attacks

☐ Attacks on Critical infrastructure, SCADA and operational technology systems and Wireless networks

☐ Attacks on Application such as E-Governance, E-Commerce etc.

☐ Data Breach

☐ Data Leak

☐ Attacks on Internet of Things (IoT) devices and associated systems, networks, software, servers

☐ Attacks or incident affecting Digital Payment systems

☐ Attacks through Malicious mobile Apps

☐ Fake mobile Apps

☐ Unauthorised access to social media accounts

☐ Attacks or malicious/ suspicious activities affecting Cloud computing systems/servers/software/applications

☐ Attacks or malicious/suspicious activities affecting systems/ servers/ networks/ software/ applications related to Big Data, Block chain, virtual assets, virtual asset exchanges, custodian wallets, Robotics, 3D and 4D Printing, additive manufacturing, Drones

☐ Attacks or malicious/ suspicious activities affecting systems/ servers/software/ applications related to Artificial Intelligence and Machine Learning

☐ Other (Please Specify)

Is the affected system/network critical to the organization's mission? (Yes / No). (Brief details.)	
Basic Information of Affected System (Provide information that is readily available.)	Domain/URL: IP Address: Operating System: Make/ Model/Cloud details: Affected Application details (If any): Location of affected system (including City, Region & Country): Network and name of ISP:
Brief description of Incident:	Occurrence date & time (dd/mm/yyyy hh:mm): Detection date & time (dd/mm/yyyy hh:mm):

Note: (i) This form provides general guidance in terms of information which could be relevant to the incident.

(ii) It is not mandatory to fill and/or sign this form. Incidents may also be reported by providing relevant information in the communication itself or in any other readable form.

(iii) Reporting entity may, if desired, also provide relevant information other than mentioned in this form.

Mail/Fax incident reports to: CERT-In, Electronics Niketan, CGO Complex, New Delhi 110003 Fax:+91-11-24368546 or email at: incident@cert-in.org.in