



BANGSAMORO.GOV.PH DOMAIN APPLICATION FORM

(Note: Please read the attached instructions before filling out this form)

COMPLETE NAME OF ORGANIZATION	Ministry of Basic Higher and Technical Education
COMPLETE ADDRESS OF ORGANIZATION	BGC, Rosary Heights 7, Cotabato City
TYPE OF ORGANIZATION	<input checked="" type="checkbox"/> Ministry <input type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Consortium / Organizations / Groups
TELEPHONE / MOBILE NUMBER	064-520-2487
FAX NUMBER	N/A

REQUESTED BANGSAMORO.GOV.PH DOMAIN NAME	sbmis-mbhe.bangsamoro.gov.ph
PURPOSE OF REQUEST (If your request is local government unit initiative or project, please include the purpose of the initiative/project. You can use separate paper if the space provided is not enough.)	For implementation of School-based Management Information System (SBMIS)

NAME SERVER INFORMATION	
HOST NAME OF PRIMARY NAME SERVER	IP ADDRESS OF PRIMARY NAME SERVER
HOST NAME OF SECONDARY NAME SERVER	IP ADDRESS OF SECONDARY NAME SERVER
HOST NAME OF OTHER NAME SERVER (If applicable)	IP ADDRESS OF OTHER NAME SERVER
1.	1.
2.	2.
3.	3.

AUTHORIZED CONTACT PERSON/S	
PRIMARY CONTACT PERSON	
NAME: Haron Sabih	POSITION: ITO-1
EMAIL ADDRESS: cypermoro@yahoo.com	MOBILE NUMBER: 09176281579
ALTERNATIVE CONTACT PERSON	
NAME: Ameer Yussief Santiago	POSITION: Computer Programmer
EMAIL ADDRESS: philcenknight41@gmail.com	MOBILE NUMBER: 09068994613

☐ I hereby certify that the information provided in this form is true and correct.

Haron D. Sabih
PRINTED NAME AND SIGNATURE
HEAD OF ORGANIZATION

08/29/24
DATE



NOTE: Please send the accomplished form at isdms@bicto.bangsamoro.gov.ph. For inquiries, you may call us at 09653848388. Please wait for an email notification from the bangsamoro.gov.ph Domain Registrar regarding your application. The notice will be emailed to the authorized contact person/s you indicated in this form.



BANGSAMORO GOVERNMENT WEBHOSTING APPLICATION FORM

(Note: Please read the attached instructions before filling out this form)

COMPLETE NAME OF ORGANIZATION	Ministry of Basic, Higher and Technical Education
COMPLETE ADDRESS OF ORGANIZATION	BGC, Rosary Heights 7, Cotabato City
TYPE OF ORGANIZATION	<input checked="" type="checkbox"/> Ministry <input type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Consortium / Organizations / Groups
TELEPHONE / MOBILE NUMBER	094-520-2437
FAX NUMBER	N/A
WEBSITE DOMAIN NAME <small>(Follow this domain template your site bangsamoro.gov.ph)</small>	sbmis-nibhte.bangsamoro.gov.ph
PURPOSE OF REQUEST <small>(If your request is special project initiative, please include the purpose of the initiative/project. You can use separate paper if the space provided is not enough.)</small>	For implementation of School-based Management Information System (SBMIS)
TECHNICAL CONTACT PERSONS	
PRIMARY TECHNICAL CONTACT PERSON	
NAME: Haron Salah	POSITION: ITO - I
EMAIL ADDRESS: cybermore@yahoo.com	MOBILE NUMBER: 09176281579
ALTERNATE TECHNICAL CONTACT PERSON	
NAME: Ameer Yussief Santiago	POSITION: Computer Programmer
EMAIL ADDRESS: philienknight41@gmail.com	MOBILE NUMBER: 09068994613
ALTERNATE TECHNICAL CONTACT PERSON	
NAME: Maisarah Mantil	POSITION: Administrative Assistant
EMAIL ADDRESS: maisarahmantil@gmail.com	MOBILE NUMBER: 09924009246

☐ I hereby certify that the information provided in this form is true and correct.

Haron D. Salah
 PRINTED NAME AND SIGNATURE
 HEAD OF ORGANIZATION

08/29/24
 DATE



NOTE: Please send the accomplished form at itims@bicto.bangsamoro.gov.ph. For inquiries, you may call us at 09190618699. Please wait for an email notification from the bangsamoro.gov.ph Domain Registrar regarding your application. The notice will be emailed to the authorized contact person/s you indicated in this form.