

Customer SSL VPN Account Request Form



Please fill up the name information by following your NID information

First Name MD. SAHED Last Name UDDIN
Designation
TECHNOLOGY MANAGEMENT SPECIALIST
Email (Email must be under own organization domain)
sahed.eblict@gmail.com
Customer Organization Type
Govt. Project/Programme
Name of Organization
EBLICT Project
Name of Ministry/Division
Information and Communication Technology Division
Do you have Class 2 type TLS Client Authentication Certificate (mandatory for SSL VPN)?
Yes No
f no is selected, please enroll and get TLS client authentication certificate from CA
Account Validity
0 days (put 0 for unlimited access)
Existing Account ID (if any)
Destination network address with destination port information (e.g. single host: 10.1.1.1:80,443,22; subnet: 10.2.2.0/24:80,8080,22 or put 0 for all ports) *Use newline for multiple entry
114.130.119.31

Signature

Sahed Uddin

Md. Sahed Uddin

Technology Management Specialist Enhancement of Bangla Language in ICT 'Through Research & Develoment Project