Device IP Address Registering Form V1.2

**Date-……………………………………. Form No:-**

**1. Details of the user**

1.1. Name with Initials: - ………………………………………………………………………….

1.2. Department : - ………………………………………………………………………….

1.3.Location : - .…………………………………………………………………………

1.4. Designation : - ………………………………………………………………………….

1.5. HR No : - ………………………………………………………………………….

1.6. Contact No : - ..………………………………………………………………………..

**2. Details of the Issuing IP Address**

2.1 Current IP :-………………………………………………………………………….

2.2 New IP :- ………………………………………………………………………..

2.3 Subnet Mask :- ………………………………………………………………………..

2.4 Gateway :- ………………………………………………………………………..

………………………………………….

User’s Signature

………………………………………….

Head of IT Governance

…………………………………………. ………………………………………….

Manager- Network Head of I

# IT Use Only:

|  |  |
| --- | --- |
| Granted date |  |
| Granted By |  |
| Status |  |
| Expiry Date |  |
| Access rule Reference ID |  |
| Assigned Credentials |  |
| Admin Comments |  |
| Signature |  |