



**CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING, NOIDA**

**Public Access Requisition Form**

Requester Name:

Organization Name:

Designation:

Dept:

Project:

Mail ID:

Fixed Line No:

Mobile No:

Type of Server:

(1) Production  (2) Others# (Staging Zone)

Local URL of the Application: .....

Period of Public Access Required from: ..... To: .....

Application STH Certified\* (Y/N): .....

(If Yes, attached the STH Certificate copy, else submit the Undertaking in Annexure)

\* For all the Production application STH is mandatory for the Public Access, otherwise public access shall be provided from Staging Zone temporarily till the STH Certificate is submitted.

Domain Name if specifically required: .....

(Charges already included in the proposal / shall be booked under project head)

Details	Incoming Access to Server	Outgoing Access from Server
Ports to be Opened from / to Server		
Restrict Access from / to IPs		
Restrict Access from / to Ports		

**Signature of Requester**

**Authorized Signatory**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Seal

# Others include Development, Testing, UAT, Staging or any other Server, but not Production

**Undertaking**

*I am fully aware of CDAC Hosting Policy and I understand that if application has not been certified for “Safe to Host”, will be hosted in Staging area. I also aware that the applications hosted in the staging area may be vulnerable and any defacement, data loss, data tempering, malicious activity, and/or any other loss are possible in applications hosted at Staging area.*

*I affirm that all the required security measures have been incorporated in the application during the development phase and tested for the security measures. I assure that if any vulnerabilities are reported, the same shall be fixed immediately, failing which public access will be blocked. I am aware that the access provided is temporary and shall be regularized from production area at the earliest by submitting “Safe to Host” certificate.*

**Signature of Requester**

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**Authorized Signatory**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Seal

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