

Domain Registration Form

Required Domain Details

Domain Name*

Terms*

Name*

Organization*

Address1*

Address2

City*

Pincode*

State/Province*

Country* India

Telephone*(+91.1124368854) + 91 .

Mobile

Fax(+91.1124368854) + .

Email*

Administrative Contact

Name*

Organization*

Address1*

Address2

City*

Pincode*

State/Province*

Country* India

Telephone*(+91.1124368854) + 91 .

Mobile

Fax(+91.1124368854) + .

Email*

Technical Contact

Same as SignUp Dept/Orgn. Admin

Domain Registration Form

Name*	<input type="text"/>		
Organization*	<input type="text"/>		
Address1*	<input type="text"/>		
Address2	<input type="text"/>		
City*	<input type="text"/>	Pincode*	<input type="text"/>
State/Province*	<input type="text"/>	Country*	<input type="text" value="India"/>

Telephone*(+91.1124368854)	+ <input type="text" value="91"/> . <input type="text"/>	Mobile	<input type="text"/>
Fax(+91.1124368854)	+ <input type="text"/> . <input type="text"/>	Email*	<input type="text"/>

Nameserver Details

If Domain is already hosted / planned to be hosted with NIC

Primary Name Server

Host Name	<input type="text"/>
IP	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/>

Secondary Name Server

Host Name	<input type="text"/>
IP	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/>

Signature & Seal
(Head of the Deptt.)