

Domain Registration Form

Required Domain Details

Domain Name* .GOV.IN

Terms* year(s)

Ministry/Department/Organization Contact Same as SignUp

Name*

Organization*

Address1*

Address2

City* Pincode*

State/Province* Country*

Telephone*(+91.1124368854) + . Mobile

Fax(+91.1124368854) + . Email*

Administrative Contact Same as SignUp Dept/Orgn.

Name*

Organization*

Address1*

Address2

City* Pincode*

State/Province* Country*

Telephone*(+91.1124368854) + . 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.)