



Website/ Application Hosting Prerequisites Form

1. URL: _____ ALIAS (if any): _____
2. Title of the Website: _____
3. Name of the Department/ Organization: _____
4. Directory Category: Central Govt./ State Govt./ Others _____

5. Server Details:

S/No.	Server Type	Database Type with version (if applicable)	vCPU	RAM (GB)	Storage (GB)	No. of Servers (VM)	Current Size (MB)
1.	Web/App Server	---					
2.	Database Server						

6. Server Platform OS Type:
 - i) Ubuntu ii) CENT OS iii) Any Other _____ (Specify)
7. Interactive Components (Other than HTML):
 - i) ASP.NET ii) COM/ COM+ Components iii) JSP/ Servlets
 - iv) .NET Core v) PHP version _____ vi) Any Other _____ (vii) None
8. Web Server Needed: Apache Tomcat IIS Others _____
9. Site is Multilingual: YES NO If Yes, Name of Languages _____
10. Audio/ Video Components: YES NO If Yes, Mention Formats _____
11. SMTP Service: YES NO
12. SMS Integration: YES NO
13. Website/Application Developed by (Division/ Organization): _____
14. Size of Website/Application (in MB): _____



**State Data Center
Department of IT & Communication
Govt. of Arunachal Pradesh**



15. Website/ Application temporarily located at: _____

16. Main/ Opening File: _____

17. Approx. Launching/ Announcement Date: _____

18. Purpose of the Website/Application (in brief): _____

19. Department/Organization Administrative Contact:

Name* : _____ Designation: _____

Organization* : _____

Address1* : _____

Address2 : _____

City* : _____ Pin code*: _____ State*: _____

Telephone* : _____ Mobile*: _____ email*: _____

20. Department/Organization Technical (Application Manager) Contact:

Tick , if Technical Contact is same as Administrative Contact

Name* : _____ Designation: _____

Organization* : _____

Address1* : _____

Address2 : _____

City* : _____ Pin-code*: _____ State*: _____

Telephone* : _____ Mobile*: _____ eMail*: _____

21. Outsourced Development: YES NO

(If the website/ application is developed by any Private company/agency)

If Yes, Name of the Firm/ Vendor (with address): _____

Name of Contact Person : _____

Mobile : _____ email: _____

**Signature of HoD
(with Date & Seal)
Name:**



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Mandatory activity of application owning department:

1. Installation of Secure Socket Layer (SSL) in their application.
2. Security audit of the application only by the CERT-IN empaneled agencies. And certificates also need to be shared along with server request form.