



**Application Form for Registration of  
 Network Operation Center (NOC)**

New     RENEWAL

[Incomplete application will not be entertained and summarily rejected]

**A. Applicant Profile**

1. Name of Entity:	
Registered Office Address	
Telephone & Mobile	
Fax	
E-mail	Website

2. Name of Contact Person:	
Full Address for Communication	
Telephone & Mobile	
Fax	
E-mail	Website

Types of NOC Establishment:
1. <input type="checkbox"/> Organizational NOC :
2. <input type="checkbox"/> Managed NOC : (.....)
3. <input type="checkbox"/> Hybrid NOC: (.....)

Types of Requested Security Network Operations & Relevant Services:	
1. Network Traffic Monitoring:	(Yes [ ]    No [ ])
2. Host Event Monitoring:	(Yes [ ]    No [ ])
3. Email Services:	(Yes [ ]    No [ ])

## B. Technical Profile

<b>Available Human Resources of the Requestor:</b>		
<b>1. Total Number of Employees in NOC :</b>		
<b>2. Network Analyst (Monitoring):</b>	(Yes [ ])	No [ ]
<b>3. Incident Responder:</b>	(Yes [ ])	No [ ]
<b>4. Email Responder:</b>	(Yes [ ])	No [ ]

<b>Available Tools &amp; Technologies of the Requestor:</b>		
<b>1. Network Traffic Analysis:</b>	(Yes [ ])	No [ ]
<b>2. Event Monitoring:</b>	(Yes [ ])	No [ ]

<b>Quality of Service (QoS) of the Requestor:</b>		
<b>1. Business Continuity Capacity:</b>	(Yes [ ])	No [ ]
<b>2. Disaster Recovery Capacity:</b>	(Yes [ ])	No [ ]
<b>3. Network Traffic/Log Retention Capacity:</b>	(Yes [ ])	No [ ]
<b>4. Any other:</b>		

<b>Remarks</b>

**C. Documents to be enclosed for New or Renewal of Registration:**

Use tick  mark in the appropriate box

Serial	Items	Attached	Not Attached	Remarks
1.	Application in a Letter Head Pad			
2.	NOC Software Details			
3.	Network Diagram in details			
4.	Equipment List			
5.	Description of existing business (if applicable)			
6.	Certified Professionals Bio-Data			
7.	IT Audit Report			
8.	Business Plan			
9.	Contact Person and Alternate Contact Person in-case of Emergency (Tel, Email, Cellphone, WhatsApp, etc.)			

**D. Declaration**

1. Has any Application for NOC been rejected before?  Yes  No  
(if yes, please give the date of application and reasons for rejection)
2. Has any Application for NOC issued previously to the Applicant/any Share Holder/Partner been canceled?  
 Yes  No (if yes, please give details)
3. I/We hereby certify that I/We have carefully read the guidelines/terms and conditions, for the license and I/We undertake to comply with the terms and conditions therein.
4. I/We understand that any information furnished in this application is found fake or false or this application form is not duly filled up. The Commission, at any time without any reason whatsoever, may reject the whole application.
5. I/We understand that if at any time any information furnished for obtaining the license is found incorrect then the license is granted based on such application shall be deemed to be canceled and shall be liable for actions as per Digital Security Act, 2018.

Date:  
Place:

Signature  
Name of the applicant/Authorized  
Signatory with Seal