GOVERNMENT OF MIZORAM
DEPARTMENT OF INFORMATION & COMMUNICATION TECHNOLOGY
AIZAWL:: MIZORAM

WEBSITE SECURITY AUDIT REQUEST FORM

1. Name of Web Site : _____

2. Name of Data Centre to be hosted at : _____

3. URL of Web site : _____

SL no.	URL of Web site	Temporary URL/ Staging Server URL
1		
2		
3		

4. Whether copy of Web site made available in Cyber Security Division Lab ◯ Y ◯ N

5. Site Previously Audited and Certified Safe? ◯ Y ◯ N

6. Application to be deployed in multiple departments? (Ex: FTS, Intragov) ◯ Y ◯ N

7. In the case that the site is an instance copy (without any changes/customizations/modifications) of an earlier audited site, then kindly provide the audited URL : _____

8. Environment Details:

Sl no	Operating System	
A	Operating system	
B	Web Server (IIS/Apache)	
C	Web applications details (asp, java,php, ISAPI etc.)	
E	Database server details (MS Access,SQL server, Oracle, DB2)	
F	Document details (HTML , pdf)	
G	Website Type	◯ Static ◯ Dynamic ◯ Cannot Determine
H	Type Project*	◯ Paid ◯ Non Paid
I	Development base	Third Party Development ◯ Developed by DICT ◯ DICT Coordinated Development ◯

* Audit requests for Paid Projects or Third Party developed web sites are not accepted by DoICT. Site owners are to audit their web sites thru CERT-In empanelled auditors.

9. For web site requiring authentication (Basic, form based, certificate based) and different privileged access, provide two accounts in each role category

Sl no	Role	User Id	Password	User Id	Password	Authentication

Note: These accounts are to be strictly made available for audit purpose in order to test each of the role functionality. These are to be disabled or passwords changed in accordance with the password policy after the purpose is over.

10. Date of Submission of request: _____

11. Contact Details of Department/ Organisation / Site Owner

1	**Name**	
2	**Name of HOD**	
3	**Division**	
4	**Contact no.**	
5	**District**	
6	**Email**	
7	**Alternate Email**	
8	**HOD Email**	

12. Attached documents: _____
(eg. Site usage policy)
13. Comments:_____

Date   : _____
Place   : _____   Signature & Seal of HOD