



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

PREScribed FORM FOR DOMAIN REGISTRATION

Required Domain Details (* Fields are Mandatory)

Desired domain Name* : _____ .mizoram.gov.in
Terms* : _____ year(s)

Ministry/Department/Organization Contact:

Department* : _____

Address* : _____

Pincode* : _____

State/Province* : _____

Telephone* : _____

Email* : _____

Technical Contact :

Name of employee* : _____

Department/Organization* : _____

Designation* : _____

Telephone* : _____

Mobile phone* : _____

Email* : _____

Date : _____

Seal & Signature of HOD

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Department with effective from _____

Sl. No _____ of _____

Chief Informatics Officer
Department of Information & Communication Technology