

Application form for Port Opening Request (POR)

D. No.:

Date: / /

For Requisitioner	S. No.	Requisitioner Details		
	1.	Requisitioner Name		
	2.	Designation		
	3.	Employee ID of Requisitioner		
	4.	Department/Faculty/Office/Section		
	5.	Telephone/Mobile Number		
	6.	Email ID of Requisitioner		
	Declaration			
	<ul style="list-style-type: none"> • I understand that this request requires a change on Firewall and may be a source of security vulnerability. • I accept that the service may be blocked and disconnected from the University network with notice if Network Team of Computer Centre, AMU finds a breach of security. • I have read and understood the Information Security Policy (ISP) of Aligarh Muslim University (A.M.U) and agree to abide by the same. 			
	Signature of Requisitioner		Head of the Department/Staff (With official Seal)	
Name of the Department: _____				
For IT Focal Point	S. No.	Host System Details		
	1.	IT Focal Point Name		
	2.	Employee ID		
	3.	Telephone/Mobile		
	4.	Email ID		
	5.	Host Name requiring external access		
	6.	Host IP Address		
	7.	Host hardware and Operating System		
	8.	Host Location	Socket Number*	
	9.	Justification of Port Opening Request		
	10.	Service Ports to be opened* (List all TCP/UDP port numbers)		
11.	Service Valid Till			
_____ Signature of IT Focal Point (With date)				

Feasibility Report / Port Opening Details	For Official Use (CWN Incharge, Computer Centre, AMU)
	<p>Port No. or Port Range as (41596 -41599) : _____</p> <p>Protocol (TCP, UDP, ICMP, GRE, Other) : _____</p> <p>Access Rule Details:</p> <p><input type="checkbox"/> Public IP Rule to Access from Server to Outside Systems</p> <p><input type="checkbox"/> Public IP Rule to Access from Outside Systems to Server</p> <p><input type="checkbox"/> Private IP Rule to Access from Server to Outside Systems</p> <p><input type="checkbox"/> Private IP Rule to Access from Outside Systems to Server</p> <p>The request of IP service is examined and found technically <input type="checkbox"/> feasible / <input type="checkbox"/> Not-feasible for the purpose mentioned in the request form. The technical details pertaining to IP service will be communicated on registered email ID of IT Focal Point.</p> <p>_____</p> <p>Date: ____/____/____ Signature of CWN Incharge, Computer Centre, AMU</p>
Final Approval	For Official Use (Director, Computer Centre, AMU)
	<p>The aforesaid request for Port Opening is <input type="checkbox"/> approved / <input type="checkbox"/> Not-approved. However the request will have to be kept under strict observation for monitoring and taking necessary corrective actions swiftly during operation shifts.</p> <p style="text-align: right;">----- Director, Computer Centre, AMU</p>