



**Government of India**  
**Ministry of Communication and Information Technology**  
**National Knowledge Network (NKN)**  
**3rd Floor, Block III, Delhi IT Park, Shastri Park,**  
**New Delhi - 110053**

**Zone/Domain Authorization Form to nominate nodal officer(s)**  
**(Max 2 nodal officers per zone/domain)**

Domain Name : .....

IP address range : 1. .... 2. ....

Followings are nominated nodal officers designated to co-ordinate for day-to-day DNS related activities.

	Name	Designation	Signature
1.	.....	.....	.....
2.	.....	.....	.....

**Director/ Head of the institute (Signature with Office Seal)**

**Name:**  
**Designation:**  
**Office Phone Number:**  
**Mobile Number:**  
**Email address:**  
**Date:**

\*\*This Zone Authorization form is valid for one year from the date of signing.

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**DNS Entry/Modification/Deletion Request Form**

- Note:** - 1. Please read all instructions carefully and ticks (V) the required service.  
 2. All Fields are mandatory and need to be filled in capital letters.  
 3. Duly signed and stamped DNS request form by the Director/Head of the Institute/ nodal officer will only be accepted.  
 4. Scanned copy of request form need to be sent to [support.dns@nkn.in](mailto:support.dns@nkn.in).  
 5. All MX entries to be created under messaging services of NIC should necessarily be forwarded to [mailservices@gov.in](mailto:mailservices@gov.in).

**1. Action to be done:**

- New Entry     Modification     Deletion

**2. Type of DNS Record:**

- A     -AAAA     -MX     -PTR     -SRV     -SPF     -TXT

SNo.	Types of DNS entry -need to be filled in Capital letters		
1	Domain name	URL :	IP Address:
		www.	IP Address:
2	PTR	URL :	IP Address:
3	MX	URL :	MX NAME:
4	TXT		
5	SPF		
6	SRV		

**# Add lines for more entries**

3. Location of server: .....

4. Details of server Administrator:

a. Name: .....

b. Contact Numbers:

Mobile: \_\_\_\_\_ Office \_\_\_\_\_

c. E-Mail Address:

d. Date:

5. Name of Dept./Institute/Org:

6. Signature of Approving authority with Official Seal: