



GOVERNMENT OF INDIA
Department of E-Governance
ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001



Proforma for Internet Connection (IC Form)

Date: ___/___/___

Part –A: User Detail (To be filled by user)

User Name:		Designation:	
Department:		Mobile No.:	
Room No. & Location for Internet Connection:			
No. of required Internet Connection:			
No. of existing Internet Connection (If yes):			
Justification for required Internet Connection:			

User Signature

HOD Signature with Stamp

Part –B: Survey Report (To be filled by E-Governance Staff)

Length of required Internet Cable (In meter)			
No. of I/O Box			
No. of Patch Cord (required at switch end)		No. of Patch Cord (required at user end)	
Switch Rack			
Patch Panel			
Wire Manager			
Optical Fiber Cable			
LIU			
Availability of L2 Switch			
Availability of Switch Port			

Engineer Signature

Network Administrator

Incharge / Member
(E-Governance/IT Department)

Chairman of E-Governance