

## Integrated Data Management Center Registration Form

Please choose: Domain Registration     Web hosting     Domain Modification

Domain Name:  (proposed domain name of the requesting agency)

Administrative Contact (This information should be filled up by requesting agency)

Full Name:

Organization:

Address:

District:

Zone:

Email:

Phone No.:

Post Box:

Technical Contact (This information should be filled up by requesting agency)

Full Name:

Organization:

Address:

District:

Zone:

Email:

Phone No.:

Post Box:

Note:

The following name servers will be used while registering the domain name  
mechi.nitc.gov.np 202.45.144.2  
koshi.nitc.gov.np 202.45.144.3

.....

Name:

Designation:

Organization Seal: