To: CSC
From: Applicant_____   Department_____   Date_____

Network Server Registration Form

Server Host Name (please provide the full domain name and all alias associated)	
Location of Server	
Name, Email and Phone Number of the Owner/Department in charge of the Server	
Name, Email and Phone Number of Technical Staff responsible for the System, if different from above	
Primary Purpose of the Server and services provided	
Operating System (e.g. W2K server, WinNT etc.)	
OS Version (with Patch version information e.g. SP-2)	
Network Card Address(es)	
IP Address(es)	
Communication protocols used other than standard IP	
Anti-virus Software installed (If yes, give Brand name & version)	
Server Protected by Firewall or IDS (If yes, give Brand name, Firmware or Software Version)	

For CSC Use Only			
	Y/N	Software	Port(s)
FTP service offered			
Web service offered			
SMTP service offered			
File sharing offered			
Print sharing offered			
Others			

Application Services Offered (please use one sheet per service)	
Service Offered	
Email and Phone Number of Administrative Staff responsible for Service	
Users of this service (e.g. external user, all CityU users, all CityU staff etc.)	
Primary User Authentication Method (Username-Password, Digital Certification, etc)	
Security Measure(s) Already Implemented (SSL, Data Encryption, etc) with this service	
Additional Security Measure(s) to be implemented with this service	
Accompanied Networked Services supporting this service above (e.g. Web, FTP – please specify whether anonymous FTP is offered, SMTP etc.)	
List of Application Software (with version) involved in providing this service (including RDBMS, middleware etc.)	
Special Assigned TCP Ports for this Service (if any)	
Special Assigned UDP Ports for this Service (if any)	
Names of Shared Folders if provided (please specify the setting as well e.g. read-only, password protected etc.)	
Remarks – please describe any special network setting or any information useful for assessing the security risk. (e.g. Port 25 only accessed by IP 144.214.16.*)	
Other Related Server(s) providing the service (e.g. in the form of cluster or load balancing set up etc.)	
Attached system configuration diagram for the Service	(to be attached as Appendix)

Server owner (Applicant)   **Endorsed by**

_____**Date**_____   _____**Date**_____
                                                       Head of Department