

Government of Nepal
Ministry of Information and Communication and Technology
Department of Information Technology
Thapagaun, Kathmandu

VAPT Request Form

Organization Name: _____
Address: _____
Contact Person Name: _____
Email: _____ Website Name: _____
Mobile Number: _____ Telephone Number _____
Sanket No/EmpID: _____ Fax Number _____

Application/Website to be tested: (Test Sever URL or IP address that should contains exact replica of the system to be tested.)

Basic Detail:

1. What is the website development platform?
2. Is payment gateway integrated with the application? If yes, how many?
3. How many authorization levels are there?
4. Which database used?
5. Do you want Credential based or Non Credential Based Scanning?
6. Does any kind of Audit (VAPT) performed by any party before?
7. Tools used for Audit (VAPT) if any

I/We hereby agree to allow DOIT to conduct Vulnerability and penetrating testing (VAPT) test on the above-mentioned address/links. Further, I/we declare that

- The above-mentioned address/link contains exact replica of the system to be tested.
 The application and database of the above system/s have been properly backed up.

Official Seal

Name:
Designation:
Date: