National Information Technology Center Registration Form

Please choose: Don	nain Registration	Web hosting	Domain Modification
Domain Name:		(proposed d	omain name of the requesting agency)
Administrative Con	ntact (This information s	should be filled up by	y requesting agency)
Full Name:			
Organization:			
Address:			
District:			
Zone:			
Email:			
Phone No.:			
Post Box:			
Technical Contact	(This information should	d be filled up by requ	nesting agency)
Full Name:			
Organization:			
Address:			
District:			
Zone:			
Email:			
Phone No.:			
Post Box:			
Note: The following nam mechi.nitc.gov.np 2 koshi.nitc.gov.np 2		while registering the d	omain name
Name: Designation: Organization Seal:			