



CASE REFERENCE NO: _____
 (TO BE FILLED BY NCIIPC)

Date: _____

**INFORMATION SECURITY BREACH
 REPORTING FORM**

Contact Information	
Sector:	
Name of Organisation:	
CISO's Contact Details:	
Name:	Designation:
E-mail:	Phone/Fax:
Mobile No.	Address:
Information Security Breach Identification Information	
Date and Time of occurrence:	
Date and Time of detection:	
Date and Time of Isolation (if applicable):	
Date and Time of Restoration:	
Location of the affected information/Infrastructure:	
Type of Information Security Breach: Please select (√)	
<input type="checkbox"/> DoS/DDoS	<input type="checkbox"/> Account Compromise
<input type="checkbox"/> Theft/Loss of Data, Equipment or Media	<input type="checkbox"/> Malicious Code
<input type="checkbox"/> Unplanned Downtime	<input type="checkbox"/> Social Engineering/Phishing/Spoofing
<input type="checkbox"/> Misuse of System	<input type="checkbox"/> Unauthorised Use/Access
<input type="checkbox"/> Phishing	<input type="checkbox"/> Website Defacement
<input type="checkbox"/> Break-in/Root Compromise	<input type="checkbox"/> Bot/Botnet

NATIONAL CRITICAL INFORMATION INFRASTRUCTURE PROTECTION CENTRE
NATIONAL TECHNICAL RESEARCH ORGANISATION
BLOCK-III, OLD JNU CAMPUS
NEW DELHI-110067

Details of Affected System(s)					
IP Address (Offline/Online)	Host Name	Operating System	Last Patched/Updated	Hardware/Soft ware Vendor/Model	Where on the Network is the involved Host
Action Taken					
Identification Measures:					
Containment measures:					
Legal measures/evidence collected:					
Eradication measures:					
Recovery measures:					
Other mitigation actions:					