

## Form under Rule 6(2)

### A. Complaint

1. Name of the complainant : \_\_\_\_\_  
(Person who has sent the complaint to the Ministry/Department/State Govt./Nodal Officer)

2. Address : \_\_\_\_\_  
\_\_\_\_\_  
City\_\_\_\_\_ Pin Code:\_\_\_\_\_

3. Telephone : \_\_\_\_\_ (prefix STD code)

4. Fax (if any) : \_\_\_\_\_

5. Mobile (if any) : \_\_\_\_\_

6. Email (if any) : \_\_\_\_\_

### B. Detail of website /Computer resource / intermediary/ offending information hosted on the website (please give detail wherever known)

7. URL/ Web address:\_\_\_\_\_

8. IP Address:\_\_\_\_\_

9. Hyperlink: \_\_\_\_\_

10. Server/Proxy Server Address: \_\_\_\_\_

11. Name of the intermediary: \_\_\_\_\_

12. URL of the intermediary: \_\_\_\_\_  
(please attach screenshot/printout of the offending information)

13. Address or location of intermediary in case the intermediary is telecom service provider, network service provider, internet service provider, web-hosting provider and cyber café or other form of intermediary for which information under points (7), (8), (8), (9), (10), (11) and (12) are not available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. Detail of Request for blocking

14. Recommendation/Comment of the Ministry/State  
Govt. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The level at which the comment/recommendation have been approved (please specify designation):

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16. Have the complaint been examined in Ministry/State Government: Yes/No

17. If yes, under which of the following reason it falls (please tick):

(i) Interest of Sovereignty or integrity of India

(ii) Defence of India

(iii) Security of the State

(iv) Friendly relations with foreign States

(v) Public order

(vi) for preventing intermediary to the commission of any cognizable offence relating to above.

**D. Detail of the Nodal Officer forwarding the complaint along with recommendation of the Ministry/State Govt. and related enclosures**

18. Name of the Nodal Officer: \_\_\_\_\_

19. Designation: \_\_\_\_\_

20. Organisation: \_\_\_\_\_

21. Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

22. Telephone: \_\_\_\_\_ (prefix STD Code)

23. Fax (if any): \_\_\_\_\_

24. Mobile (if any): \_\_\_\_\_

25. email (if any): \_\_\_\_\_

**E. Any other information:**

**F. Enclosures:**

- 1.
- 2.
- 3.

Date:

Place:

Signature