ELCOT
Adding value through IT

CSA-TN

Cyber Security Architecture – Tamil Nadu (CSA-TN)

Incident Reporting Form

I am: □ the effected entity □ reporting incident affecting other entity			
Contact Information of the Reporter			
Name & Role/Title	□ Individual □ Organization		
Organization name (if any)			
Contact No.		Email:	
Address:			

Basic Incident Details	
Affected entity (if not same as reporting entity above)	

Incident Type

□ Targeted scanning/probing of critical networks/systems

□ Compromise of critical systems/information

□ Unauthorized access of IT systems/data

□ Defacement or intrusion into the website

□ Malicious code attacks

□ Attack on servers such as Database, Mail and DNS and network devices such as Routers

□ Identity Theft, spoofing and phishing attacks

□ DoS/DDoS attacks

□ Attacks on Critical infrastructure, SCADA and operational technology systems and Wireless networks

□ Attacks on Application such as E-Governance, E- Commerce etc.

□ Data Breach

□ Data Leak

□ Attacks on Internet of Things (IoT) devices and associated systems, networks, software, servers

□ Attacks or incident affecting Digital Payment systems

□ Attacks through Malicious mobile Apps

□ Fake mobile Apps

□ Unauthorized access to social media accounts

□ Attacks or malicious/ suspicious activities affecting Cloud computing systems/servers/software/applications

□ Attacks or malicious/suspicious activities affecting systems/ servers/ networks/ software/ applications related to Big Data, Block chain, virtual assets, virtual asset exchanges, custodian wallets, Robotics, 3D and 4D Printing, additive manufacturing, Drones

□ Attacks or malicious/ suspicious activities affecting systems/ servers/software/ applications related to Artificial Intelligence and Machine Learning

□ Other (Please Specify)

Is the affected system/network critical tothe organization's mission? (Yes / No). (Brief details.)	

Basic Information of Affected System(Provide information that is readily available.)	Domain/URL: IP Address: Operating System : Make/ Model/Cloud details: Affected Application details (If any): Location of affected system (including City, Region & Country): Network and name of ISP:
Brief description of Incident:	
Note: (i) This form provides general guidance in terms of information which could be relevant to the incident. (iv)It is not mandatory to fill and/or sign this form. Incidents may also be reported by providing relevant information in the communication itself or in any other readable form. (v) Reporting entity may, if desired, also provide relevant information other than mentioned in this form.	
Mail the Incident Reporting Form to: CSIRT-TN, ELCOT Perungudi Campus, Perungudi, Chennai - 600096 or email at: incident.csatn@tn.gov.in **Courtesy: CERT-In website.**	