



# NCIIPC Malware Disclosure

1. Reporter's Details					
a) Full Name					
b) Email					
c) Phone					
d) Organisation/Company					
2. Victim Details					
a) Organisation/Victim Name					
b) Email					
c) Phone					
3. Type of Malware					
4. Source of Malware (IP/URL)					
5. IP Address of Victim					
6. Is Malware Analysis Done? (If Yes Attach Report)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Name of Malware					
8. MD5/Hash of Malware					
9. Software/OS affected					
10. IP Address of Command and Control		(If Any)			
11. Is Malware Signature submitted to Antivirus Providers (If Yes Please provide details)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No