পরিশিষ্ট-৩ক: প্রাথমিক মূল্যায়ন ফরম

(অংশ-৫, অনুচ্ছেদ ৭ (২) দ্রষ্টব্য) (Initial Assessment Form)

Track Number/Reference Number:

Name of Critical information infrastructure: *(Fill in the box below)*

Focal point of contact for Critical information infrastructure: *(Fill in the box below)*

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

Secondary point of contact for Critical information infrastructure: *(Fill in the box below)*

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

Description of the Event

Provide brief summary:

Service Impacts in CIA Triad

Confidentiality	Integrity	Availability

Business Impacts in brief summary

Vulnerabilities Identified

Provide brief summary:

Information Security Event Details

Description	Date	Time
Event occurred		
Event discovered		
Event reported		

Is the Event Over?	Yes	No No
POC		Official Stamp of CII

Agency Will fill up
Agency Receiving Person Name & Designation
Receiving Time & Date
Agency Official Stamp

পরিশিষ্ট -৩খ: চূড়ান্ত মূল্যায়ন ফরম

(অংশ-৫, অনুচ্ছেদ ৭ (৩) দ্রষ্টব্য) (Final Assessment Form)

Track Number/Reference Number:

Name of Critical information infrastructure: *(Fill in the box below)*

Focal point of contact for Critical information infrastructure: *(Fill in the box below)*

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

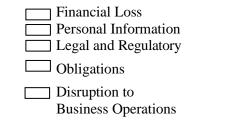
Secondary point of contact for Critical information infrastructure: *(Fill in the box below)*

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

Information Security Event Description

Description of the Event: What Occurred

Loss of service Loss of equipment Loss of facility System malfunction System overload Software malfunction Intrusion attempt		Human error Bad application design Compliance violations Access violations Physical/security breach Uncontrolled system changes Others (please specify)		
How Occurred				
Theft Fraud Sabotage/Physical Damage Malicious Code Hacking/Logical Infiltration Misuse of Resources Hardware Failure Software Failure Hardware Maintenance Error		Communication Failure Fire Flood Design Error User Error Operations Error Software Maintenance Error Third Party Services Others (please specify)		
Why Occurred				
Deliberate or Intentional Actual Attack Accidental		Others		
Description of the Event in details: (Provide as much as information for understand the incident)				
Related Business Impacts				



Vulnerabilities Identified: (Provide as much as information for understand the Vulnerability)

Others (please specify)

Information Security Event Details

Description	Date	Time
Event occurred		
Event discovered		
Event reported		

Is the Event Over?

Yes

No No

Provide brief sun	nmary of associate eve	ents:	
s			

POC

Official Stamp of CII

TYPE OF INFORMATION SECURITY INCIDENT

Actual	Attempted	Suspected
Threat Source Occurred at w	what Level	
Organizational	Level Process	Level Information System Level
Type of Threat Event	Adversarial	Non Adversarial

Assets Affected

(Provide descriptions of the assets affected by or related to the incident including serial, license, version numbers where relevant)

Information/Data	
Hardware	
Software	
Communications	
Documentation	

Business Impact/Effect of Incident

(Provide descriptions of the assets affected by or related to the incident including serial, license, version numbers where relevant)

Breach of Confidentiality	
Breach of Integrity	
Breach of Availability	
Breach of Non-Repudiation	
Destruction	

٦	Value
-	
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INCIDENT RESOLUTION

Incident Investigation Commenced Date	
Incident Investigator(s) Name(s)	
Incident End Date	
Impact End Date	
Incident Investigation Completion Date	
Reference and Location of Investigation Report	

Actions Taken to Resolve Incident

Actions Taken to Resolve Incident	

Actions Outstanding

|--|

Current Status of Incident

|--|--|--|

CONCLUSION

Identified Root Cause	Recommendation for Improvement