

BSE Incident Reporting Form

Form to report Cyber Security Incidents to BSE				
Part I				
Contact Information				
Name:	Organization:		Title:	
Phone / Fax No:	Mobile:		Email:	
Address:				
Has any incident occurred which impacted your business? Yes/No If Yes, please fill the below form				
Part II				
Incident Tracking No:				
Physical Location of Affected Computer/ Network and name of ISP.				
Date and Time Incident Occurred:				
Date:		Time:		
Is the affected system/network critical to the organization's mission? (Yes / No). Details.				
Information of Affected System:				
IP Address:	Computer/ Host Name:	Operating System (incl. Ver./ release No.)	Last Patched/ Updated	Hardware Vendor/ Model
Type of Incident:				

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<ul style="list-style-type: none"> • Phishing • Network scanning /Probing • Break-in/Root Compromise • Virus/Malicious Code • Website Defacement • System Misuse 	<ul style="list-style-type: none"> • Spam • Bot/Botnet • Email Spoofing • Denial of Service (DoS) • Distributed Denial of Service (DDoS) • User Account Compromise 	<ul style="list-style-type: none"> • Website Intrusion • Social Engineering • Technical Vulnerability • IP Spoofing • Others (_____)
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Description of Incident with Root Cause | Corrective & Preventive action taken.

Unusual behaviour/symptoms (Tick the symptoms)

<ul style="list-style-type: none"> • System crashes • New user accounts/ Accounting discrepancies • Failed or successful social engineering attempts • Unexplained, poor system performance Unaccounted for changes in the DNS tables, router rules, or firewall rules • Unexplained elevation or use of privileges Operation of a program or sniffer device to capture network traffic; • An indicated last time of usage of a user account that does not correspond to the actual last time of usage for that user • A system alarm or similar indication from an intrusion detection tool • Altered home pages, which are usually the intentional target for visibility, or other pages on the Web server 	<ul style="list-style-type: none"> • Anomalies • Suspicious probes • Suspicious browsing • New files • Changes in file lengths or dates • Attempts to write to system • Data modification or deletion • Denial of service • Doorknob rattling • Unusual time of usage • Unusual usage patterns • Unusual log file entries • Presence of new setuid or setgid files • Changes in system directories and files • Presence of cracking utilities Activity during non-working hours or holidays • Other (Please specify)
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Has this problem been experienced earlier? If yes, details.

Agencies notified?

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Law Enforcement	Private Agency	Affected Product Vendor	Stock Exchange	Other _____
When and How was the incident detected:				
Additional Information: (Include any other details noticed, relevant to the Security Incident.)				
Whether log being submitted / Related records		Mode of submission:		
OPTIONAL INFORMATION				
IP Address of Apparent or Suspected Source:				
Source IP address:		Other information available:		
Security Infrastructure in place:				
	Name	OS	Version/Release	Last Patched/Updated
Name OS				
Version/Release Last Patched / Updated				
Anti-Virus				
Intrusion Detection/Prevention Systems				
Security Auditing Tools				
Secure Remote Access/Authorization Tools				
Access Control List				
Packet Filtering/Firewall				
Data Loss Prevention				
Encryption				
Patch Management Tool				
VPN				
Web Application Firewall				
24*7 Security Monitoring	Yes/No	NA	NA	NA
Security Incident and Event Management Tool				
Two-factor Authentication				
Policies and Procedures	Yes/No	NA	NA	NA
Others				

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How Many Host(s) are Affected		
1 to 10	10 to 100	More than 100
Actions taken to mitigate the intrusion/attack:		
No action taken System Binaries checked	Log Files examined System(s) disconnected form network	Restored with a good backup Other_____