## Application Hosting Checklist

### Application Name: _____

| Sl. No. | Description of checklist items for requisite  Compliance | Input(Yes/No/NA) | Evidence |
|---|---|---|---|
| 1 | DIT&E approval for Hosting in WBSDC | | |
| | Whether latest & Final Security Audit Report and/or Fit to Host Certificate (not more than SIX months old) shared with WBSDC without any OPEN issue(s). Draft Report is not acceptable. | | |
| 2 | Vulnerability Assessment –Penetration Test  of Server(s ) conducted and reports shared with SDC | | |
| 3 | Whether signed Software Requirement Specifications (SRS) Document  available | | |
| 4 | Whether approved Deployment Architecture has been shared with WBSDC for the devices installed at WBSDC . Separate sheets may be attached for   Server details ( H/W, S/W details with exact  version, , associated IPs, Model:  Cloud /collocated, Web/DB/Application ) etc. | | |
| 5 | Whether Software Functionality Test/UAT  performed   to verify that a software application performs & functions as per design/specifications. | | |
| 6 | Whether Performance, Load & Stress Testing have been   conducted. | | |
| 7 | Whether separate Backup Policy shared with WBSDC  ( as per WBSDC Backup template ) | | |
| 8 | Signed Service Level Agreement  submitted at WBSDC | | |
| 9 | Whether Storage(LUN) taken and mention purpose for which storage is being used . Also please mention if any unstructured data is being stored in LUN . If yes, please mention mount point(s) | | |
| 10 | Server(s) is/are hardened to the desired level | | |
| 11 |  Latest Antivirus & Patch installed in the Server(s) | | |
| 12 | Whether latest TLS/SSL encryption implemented | | |
| 13 | Request for creation of  Help Desk User-id submitted at SDC | | |
| 14 | Future  File System growth estimated | | |
| 15 | No unwanted/unsupported s/w is loaded in the servers | | |
| 16 | Concurrent  Hit Count estimated | | |
| 17 | An authenticate domain name is being used where applicable | | |
| 18 | Application and Database tuned for optimum performance | | |
| 19 | System is HARDENED to the maximum extent possible with only the required services | | |
| 20 | Any other information you wish to share | | |

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Authorized Signatory

Name :

Designation :

Department: