



Central Depository Services (India) Limited

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COMMUNIQUE TO DEPOSITORY PARTICIPANTS

CDSL/IS/DP/POLCY/2025/423

June 23, 2025

QUARTERLY CYBER INCIDENT REPORTING BY DPs

DPs are advised to refer to SEBI circular No: SEBI/HO/MIRSD/TPD/P/CIR/2022/93 dated June 30, 2022 and CDSL/OPS/DP/POLCY/2025/27 January 10, 2025, wherein all Cyber-attacks, threats, cyber-incidents and breaches experienced by Depositories Participants shall be reported to **CDSL**.

In view of the above, Depository Participants are hereby informed that CDSL has a facility for online submission for quarterly cyber incident reporting through an audit web portal. Depository Participants **must submit a mandatory quarterly report** to CDSL on all the cyber-attacks, threats, incidents, breaches, **within 15 days after the end of each quarter**.

The deadline for quarterly cyber incident reporting for the **quarter April' 2025 – June' 2025** is **15th July 2025 in audit web portal**.

For submitting the **quarterly cyber incident report** to CDSL, please refer **Annexure A**.

Queries regarding this communiqué may be addressed to CDSL –emails may be sent to: dpinfosec@cdslindia.com and connect through our IVR Number 022-62343333.

For and on behalf of

Central Depository Services (India) Limited

sd/-

Mrugen Vijay Munjpara
Assistant Vice President – Information Security



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Annexure A

Guidelines to submit Quarterly Cyber Incident Report

1. Open the Audit Web Portal.

- Link: <https://auditweb.cdslindia.com/Login.aspx>
- Click on Login Type and select “**Designated Officer**” login.



AUDIT APPLICATION

SIGN IN

Login Type

Designated Officer

User ID

--Select--

Password

DP

Forgot password

Registration for DP / RTA

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2. Fill the below required information and click on “**Sign In**” Button:

- User ID, Password & Captcha



AUDIT APPLICATION

SIGN IN

Login Type

Designated Officer

User ID

741910_ks

Password

7afff1

7afff1

Sign In

Forgot password

Registration for DP / RTA

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3. Enter the OTP:

- You will receive the OTP on both your DP's registered mobile number and email Id.



AUDIT APPLICATION

LOGIN OTP

 Enter OTP

Enter OTP

OTP Time :- 00:09:57 Do not refresh the page

Verify OTP

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4. Select required information for submitting **quarterly “Cyber Incident”** report:

- Select Audit Type: **CYBER INCIDENT REPORT**
- Select Audit Month: **Select quarter month**
- Select DP/RTA: **Select your DP ID**
- Click on the **“Confirm”** Button



AUDIT APPLICATION

Reports

Select Audit Type

CYBER INCIDENT REPORT

Select Audit Month

September-2022

Select DP / RTA

74

Confirm

[View Cyber Report](#) [VAPT Compliance](#) [VAPT Resubmission](#)

[Cyber Audit Compliance Report](#) [Cyber RCA Report](#)

[System Audit Compliance Report](#)

[Go to Login](#) | [Change Password](#)

FAQ

[FAQ for online submission of IAR](#) [Manual for Online Submission of HCC](#)

[User Manual](#)





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5. The following screen will appear. Main DP can mention the branch DP IDs , if they are submitting consolidated report for branch DP IDs.

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AUDIT APPLICATION

CYBER INCIDENT REPORT

Audit Type	CYBER INCIDENT REPORT	DP Name(ID)	<input type="text" value="E"/>
Audit Month	202403	Period	Jan-2024 to Mar-2024
DP ID	<input type="text"/>		

Cyber Incident Report covers the following Branch DPIDs :-

6. Fill in the details in the prescribed format in:

1. Letter/Report Subject
2. Reporting Periodicity Year
3. Designated Officers details.

Incident Reporting Form

1. Letter/Report Subject

NAME OF THE DEPOSITORY PARTICIPANT7410

UNIQUE INCIDENT No. :- 1

NAME OF DEPOSITORYCDSL

Financial Year = 2024-2025

MEMBER ID / DP ID741

2. Reporting Periodicity Year

QUARTER 4 [JAN-2024 TO MAR-2024]

3. Designated Officer (Reporting Officer details)

* NAME	<input type="text" value="Name"/>	* ORGANIZATION	<input type="text" value="Organization name"/>
TITLE	<input type="text" value="Title"/>	* EMAIL ID	<input type="text" value="Email ID"/>
PHONE / FAX NO.	<input type="text" value="Phone / Fax No"/>	* MOBILE	<input type="text" value="Mobile"/>
ADDRESS	<input type="text" value="Address"/>		

7. Select the option **NO** in Cyber-attack/breach observed in Quarter: (If no incident has occurred)

Cyber-attack / breach observed in Quarter

☐ Yes ☒ No (If YES, PLEASE FILL ANNEXURE I) (If NO, PLEASE SUBMIT THE NIL REPORT ONLY AFTER THE END OF QUARTER)

DATE & TIME

(Select the Date between 01-Jul-2023 To 30-Sep-2023)

BRIEF INFORMATION ON THE CYBER ATTACK / BREACH OBSERVED

ANNEXURE I

Save

Submit to CDSL

Clear

Attach Files

View Incident



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The Report is submitted as NIL report.

8. Select the option **Yes** in Cyber-attack/breach observed in Quarter and fill the below required information: **(if the incident occurred)**

- Date & Time
- Brief information on the Cyber attack
- Then Click on Annexure I

Cyber-attack / breach observed in Quarter

☒ Yes ☐ No (If YES, PLEASE FILL ANNEXURE I) (If NO, PLEASE SUBMIT THE NIL REPORT ONLY AFTER THE END OF QUARTER)

* DATE & TIME: 10-Jul-2024 04:15 PM (Select the Date between 01-Jan-2024 To 31-Mar-2024)

* BRIEF INFORMATION ON THE CYBER ATTACK / BREACH OBSERVED: Brief information on the Cyber-attack

[ANNEXURE I](#)

9. Fill the **Annexure I**:

1. Physical location of affected computer/ Network and name of ISP
2. Date incident occurred
3. Information of affected system
4. Select the type/types of incident
5. Description of incident

Annexure I

1. Physical location of affected computer / Network and name of ISP

Physical location of affected computer / Network and name of ISP

2. Date incident occurred

OCCURRED: dd-MMM-yyyy Hour Minutes PM (Select the Date between 01-Jan-2024 To 31-Mar-2024)

IDENTIFIED: dd-MMM-yyyy Hour Minutes PM

3. Information of affected system

IP ADDRESS: IP Address COMPUTER / HOST NAME: Computer / Host Name

LAST PATCHED / UPDATED: dd-MMM-yyyy OPERATING SYSTEM (INCL. VER / RELEASE NO.): Operating System

HARDWARE VENDOR / MODEL: Hardware model

4. Type of incident

☐ PHISHING ☐ WEBSITE DEFACEMENT ☐ BOT/BOTNET ☐ DISTRIBUTED DENIAL OF SERVICE(DDoS) ☐ SOCIAL ENGINEERING ☐ RANSOMWARE

☐ NETWORK SCANNING / PROBING BREAK-IN/ROOT ☐ SYSTEM MISUSE ☐ EMAIL SPOOFING ☐ USER ACCOUNT COMPROMISE ☐ TECHNICAL VULNERABILITY ☐ OTHER

☐ VIRUS/MALICIOUS CODE ☐ SPAM ☐ DENIAL OF SERVICE(DoS) ☐ WEBSITE INTRUSION ☐ IP SPOOFING

5. Description of Incident

Description of incident



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10. Fill the below Information:

- Select Unusual behaviour/symptoms (Tick the symptoms)
- Fill the Details of unusual behaviour/symptoms
- Has this problem been experienced earlier? If Yes, Give the description

6. Unusual behavior/symptoms (Tick the symptoms)	
<input type="checkbox"/> SYSTEM CRASHES	<input type="checkbox"/> CHANGES IN FILE LENGTHS OR DATES
<input type="checkbox"/> NEW USER ACCOUNTS/ ACCOUNTING DISCREPANCIES	<input type="checkbox"/> ATTEMPTS TO WRITE TO SYSTEM
<input type="checkbox"/> FAILED OR SUCCESSFUL SOCIAL ENGINEERING ATTEMPTS	<input type="checkbox"/> DATA MODIFICATION OR DELETION
<input type="checkbox"/> UNEXPLAINED, POOR SYSTEM PERFORMANCE	<input type="checkbox"/> DENIAL OF SERVICE
<input type="checkbox"/> UNACCOUNTED FOR CHANGES IN THE DNS TABLES, ROUTER RULES, OR FIREWALL RULES	<input type="checkbox"/> DOOR KNOB RATTLING
<input type="checkbox"/> UNEXPLAINED ELEVATION OR USE OF PRIVILEGES OPERATION OF A PROGRAM OR SNIFFER DEVICE TO CAPTURE NETWORK TRAFFIC	<input type="checkbox"/> UNUSUAL TIME OF USAGE
<input type="checkbox"/> AN INDICATED LAST TIME OF USAGE OF A USER ACCOUNT THAT DOES NOT CORRESPOND TO THE ACTUAL LAST TIME OF USAGE FOR THAT USER	<input type="checkbox"/> UNUSUAL USAGE PATTERNS
<input type="checkbox"/> A SYSTEM ALARM OR SIMILAR INDICATION FROM AN INTRUSION DETECTION TOOL	<input type="checkbox"/> UNUSUAL LOG FILE ENTRIES
<input type="checkbox"/> ALTERED HOME PAGES, WHICH ARE USUALLY THE INTENTIONAL TARGET FOR VISIBILITY, OR OTHER PAGES ON THE WEB SERVER	<input type="checkbox"/> PRESENCE OF NEW SETUID OR SETGID FILES CHANGES IN SYSTEM DIRECTORIES AND FILES
<input type="checkbox"/> ANOMALIES	<input type="checkbox"/> PRESENCE OF CRACKING UTILITIES
<input type="checkbox"/> SUSPICIOUS PROBES	<input type="checkbox"/> ACTIVITY DURING NON-WORKING HOURS OR HOLIDAYS
<input type="checkbox"/> SUSPICIOUS BROWSING NEW FILES	<input type="checkbox"/> OTHER
Details of unusual behavior/symptoms	
Details of unusual behavior	
8. Has this problem been experienced earlier? If Yes, details <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Fill the below Information:

- Agencies notified
- IP Address of apparent or suspected source
- How many host(s) are affected?

9. Agencies notified	
LAW ENFORCEMENT	PRIVATE AGENCY
<input type="text" value="Law Enforcement"/>	<input type="text" value="Private Agency"/>
AFFECTED PRODUCT VENDOR	OTHER
<input type="text"/>	<input type="text"/>
10. IP Address of apparent or suspected source	
SOURCE IP ADDRESS	OTHER INFORMATION AVAILABLE
<input type="text"/>	<input type="text"/>
11. How many host(s) are affected?	
<input type="checkbox"/> 1 TO 10 <input type="checkbox"/> 10 TO 100 <input type="checkbox"/> MORE THAN 100	
12. Details of actions taken for mitigation and any preventive measure applied	
<input type="text"/>	
Save Submit to CDSL Attach Files View Incident	

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Attach Files: Click "Attach Files" to upload relevant documents.

Save: Click "Save" to save your information as a draft.



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testaudit.cdsl.co.in says
Records Added Successfully!!!

OK

Submit to CDSL: Click "**Submit to CDSL**" to officially submit your report.

testaudit.cdsl.co.in says
Cyber Incident report submitted to CDSL !!!

OK

View Incident: Click "**View Incident**" to see your submitted reports history.

ANNEXURE I

Save

Submit to CDSL

Attach Files

View Incident

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Note:

- All incidents report activities must be completed in one continuous action, from saving to submitting the incident report.
- Once you submit the incident report, it cannot be submitted again.
- When you re-login, the scheduled month/DP ID will not appear, that means you have already submitted the incident report.
