

INSAT/GSAT Capacity Request Format (ICRF)

1. Details of the Applicant:

- a. Organization name
- b. Contact person name and designation
- c. Address
- d. Telephone
- e. Mobile
- f. Fax
- g. Email id
- h. Bank account details (for refund of the ICRD)
(A/c-holder name, A/c No., RTGS & MICR Code, Bank Name, Branch Name)

2. Capacity Requirement

	Frequency Band	Orbital Slot	Application ¹	Capacity Required (MHz)	Technical Requirements ²	Date of Capacity Requirement	Period of Capacity Requirement
Existing Capacity (if any)							
Additional / New Capacity Required							

¹ VSAT, DSNG, TV, DTH, HITS etc. ² EIRP / G/T / Beam etc.

3. ICRD Payment Details - Please attach a proof of payment indicating amount, date and time

4. Company Profile – brief details to be provided herein (attach sheets / brochure / Memorandum of Association / Articles of Association / annual report / management structure / areas of business for which capacity is being sought)

5. Declaration –

- a) We accord our consent that Department of Space can use the information provided above in public domain such as its web site.
- b) We have read the document No. DOS/SCNP/ICR/2016/01 dated April 12, 2016 titled “Guidelines for SATCOM Capacity Reservation” and we agree to and abide by the contents thereof.

Signature:

Date

Name:

Designation:

Seal:

For Internal Use

ICRD Amount Received		Sign and Date
Date, Time and Particulars of ICRD Receipt		
Remarks of Director (T&S), Antrix		
Date & Time of ICRF Receipt		Sign and Date
Accepted / Rejected (with reasons for rejection)		
Priority / Non-priority (with reasons for priority)		
ICRWL Number		
Entry made in ICRF database		
Remarks of AD, SPI		Sign and Date
Remarks of Director, SCNP		Sign and Date
Close-out Details		Sign and Date