BHARAT SANCHAR NIGAM LIMITED (www.aptelecom.gov.in) FORM FOR NEW TELEPHONE CONNECTION

Affix self signed passport size photograph (required for ISDfacility only)

Companies/ Organization (Please tick the appropriate box)					Indi	vidua	ls [
(Please read the instruction before filling the form)																						
1. A Title/Name of the Customer/Company/Firm/Organization (SURNAME FIRST)																						
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B. Name of the Joint Applicant,	if any																				_	
2. Name of Father/husband/Grou	up/Proprietor/I	Partner	(s)																		_	
3.PAN/GIR No.						i					4.	.Tel	No.v	vork	cing	if an	ıy	T			T	
(please see Instruction #2)																						
5. Complete Postal Address																						
House No		İ	Street/	Road	/Villa	ige													ĺ			
Bldg/ Appt								Τ					T	Ī	Ī	Ī						
Area/Locality/Tehsil																						
City/District									PIN													
6. Billing/ Correspondence Add	ress (if differe	nt fron	n 5 abo	ve)				_														
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7. E- mail adress (if any) :			(@																		
8.Consessional Group Code(Please write code No.As indicated in instruction no.10)							9.Category Code. (Please write code No.As indicated in instruction no.11)															
10.Purpose:Residence	Busin	ess.					Gov	t.				1							PSU			
11. Facilities required (tick whi	chever is requi	ired) (j	please a	affix	photo	graph	for I	SD 1	facili	ty):		_									_	
STD			ISD						(CLI]								Но	tline			
Conferencing	Ca	llfarwa	rding		Abbreviated Dialing																	
12.Whether Telephone instrument is required(Y/N)						13. Whether Internal Wiring is required (Y/N)																
14.Payment Mode :	D	emand	Draft						Amo	unt					Τ						_	

Payment Details: DDNo.						Date	ed							
Drawn on: Bank														
Branch														
I hereby declare that information given above is true to the best of my knowledge and I will abide by the prevailing Telegraph Act/ Rules framed thereunder & Tariffs as amended from time to time. I am not a defaulter on account of on-payment of bills for any telecom services provided by any service provider.														
Signature of Custon	Signature of Customer/Authorised Signatory													
Signed on : Date				ĺ										