

APPLICATION FORM

(For access to network of DLGTPL Cabnet Pvt. Ltd. for distribution of television channel(s))

1. Name of the broadcaster: _____
2. The names of CEO/MD of the broadcaster: (Mr./Ms.) _____
(Mr./Ms.) _____
3. Registered Office address: _____

4. Address for communication: _____

5. Name of the contact person/ Authorized Representative:
(Mr./Ms.) _____
6. Telephone: _____
7. Email address: _____
8. Details of channel(s) for which request for distribution has been made:

Sr.No.	Name of Channel (s)	Nature of Channel (pay or free- to- air)	Genre of channel	Language(s) of channel
1				
2				
3				

9. Technical parameters of channel (s):

Sr. No.	Name of Channel (s)	Name of satellite	Orbital location	Polarisation	Downlinking frequency	Modulation/ coding and compression standard of channel	Encryption of channel
1							
2							
3							

Date : _____

Place: _____

(Signature)

DECLARATION

I _____
s/o, d/o _____,
(Authorized Signatory), _____ of
_____ (Name of the
broadcaster), do hereby declare that the details provided above are true and correct.

Date : _____

Place: _____

(Signature)