

**BHARAT SANCHAR NIGAM LIMITED**

(A Govt. of India Enterprise)

**APPLICATION FORM FOR BHARAT FIBER NEW CONNECTION SERVICES (E-KYC Process)****www.bsnl.co.in | Help line : 1800 180 1503**1. Company/Organisation : SHIBIN P CAF No : BFCNC240225145073Date of Onboard : 24/02/2025 08:33:04

Whether Existing Customer of BSNL if Yes, Provide account number : \_\_\_\_\_

2. Nationality : Indian3. Name of Customer/Company/Firm/Organisation: SHIBIN P4. Father/Husband/Group/Proprietor/Partner(s) : SOOPI

Name of the Joint Applicant ,if any : \_\_\_\_\_

5. Gender : MALE 6. Date of birth : 24/05/2003

7. PAN/GIR Or IT Declaration in Form 60/61, as applicable : \_\_\_\_\_

8. Indicator Number : 0494-26123899. Contact Details , Mobile: 09061393493 Email ID: shibi393493@gmail.com

10. Fields to be captured/entered by Service Provider/Authorized representative

Service Type	Service Sub Type	Tariff Plan Applied*-	Fixed Phone Number	Destination Number
BHARAT FIBER	BHARAT FIBER VOICE	FIBRE HOME WIFI/GHAR KA WIFI-COMBO-FV-MONTHLY	0494-2612389	
BHARAT FIBER	BHARAT FIBER BROADBAND	FIBRE HOME WIFI/GHAR KA WIFI-COMBO-FBB-MONTHLY	0494-2612389	
Value Added Services Applied (if any)		LOCAL,STD,CALL_FORWARDING,CALL_CONFERENCING,CLIP_FACILITY,ABBREVIATED_DIALING,BSNLWiFi_roaming		
Consent Provided BSNL WIFI Roaming Add On		Yes		

11. GOODS

Goods Type Name	Model Name	Vendor Name	Acquisition Type
CPE	CLIP	CPE	Customer Owned
CPE	SINGLE_BAND_WIFI_ONT	ONT	Bundled WIFI ONT By Franchisee

12. Purpose : \_\_\_\_\_

13. Installation address (where telephone is to be installed) :

Country : INDIAState : KERALADistrict : MALAPPURAMMain Locality : RANDATHANISub Locality: CHINAKKAL-RDIStreet Number : RANDATHANIPin Code : 676510

Detail Address

House No./Flat No.: PARATHODIVillage/City/Mandal : MARAKKARA P ORoad/Building : RANDATHANI

Colony Name/Area : \_\_\_\_\_

Landmark : \_\_\_\_\_

Additional Details : MALAPPURAM

14. Same as installation address, no need to display the Billing address attributes

15. Proof of identity details\*:

Type of POI: Aadhar Card (Unique Identification Authority of India)Date of Issue: 2013-04-20Issuing Authority\*: UIDAI GOIPlace of Issue: MALAPPURAMDocument No.\*: 976470011890

16. Proof of address details\* :

Type of POA: Aadhar Card (Unique Identification Authority of India)Date of Issue: 2013-04-20Issuing Authority\*: UIDAI GOIPlace of Issue: MALAPPURAMDocument No.\*: 97647001189017. Name of Nominee, if any: SHIBIN

18. Payment Mode Cash/Demand Draft:

Amount : \_\_\_\_\_

Bill Frequency : Monthly

Payment Details DD No. : \_\_\_\_\_

Dated : \_\_\_\_\_

Drawn On Bank : \_\_\_\_\_

Branch: \_\_\_\_\_