

BHARAT SANCHAR NIGAM LIMITED



A P TELECOM CIRCLE
APPLICATION FORM FOR INTERNET ACCESS SERVICES

Application No: _____

To:
PGM/GM/TDM
.....Telecom District.

I/We wish to enroll myself/ourselves as subscriber of DOT Internet Access Service.The necessary Particulars are as follows:

1. Name of the Applicant _____
(Person/Organization)

2. Address where the connection is required _____

Telephone No :	Fax No :
----------------	----------

3. Contact Name :

Telephone No :	Fax No :
----------------	----------

4. Billing Address

Signature of Applicant

USER NAME: (6 To8 characters)(<i>Pl.write in capital letters</i>)	PASSWORD: (6 To8 characters)(<i>Pl.write in capital letters</i>)
--	--

(Please enter your username as you desire at login time)
This **password** is required for opening the connection.
The subscriber should change the **Password** on is own immediately.

INTERNET REFERENCE CARD

Regn No: _____
Type: TCP/IP/Shell/leased

Account

Name of the person/organization: _____

Contact Name & Telephone No: _____

Date of provision: _____

User Name: _____

Password: _____

Address where the connection is required : _____

_____ Telephone

No: _____

Amount paid: _____

Demand Draft No: _____

Signature of applicant

S.No	Date	Date of Renewal	Amount Paid	Password	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					