

**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 :
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3. Contact Name : \_\_\_\_\_

Telephone No :	Fax No :
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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> )
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( 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.					