



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

ORDER FORM FOR POST PAID / REGULAR CELLULAR CONNECTION

Affix self signed passport size photograph

1.	Title/Name of the Customer / Company / Firm / Organization (SURNAME / FIRST NAME / MIDDLE NAME)				
2.	Name of Father / Husband / Group / Proprietor / Partner(s)				
3.	Status of Customer: Individual Statutory Body Government PSU Trust Society				
	Proprietorship Firm /Company Association Foreign National Others				
4.	Sex: Male Female 5. Marital Status: Single Married 6. Date of Birth:				
7.	PAN/ GIR No. (In case PAN / GIR No. is not there submit IT declaration in Form 60 / 61)				
8.	Working Telephones Nos. a) BSNL b) Others c) Fax No.				
9.	E-mail address:				
11.	Profession: Service Self Employed Professional Student House wife				
12.	Monthly Household Income (Rs) < 5,000 5-10,000 10-15,000 > 15,000				
13a.	Permanent Residential Address: (Supported with Documentary Evidence - Refer Clause 2.2 overleaf)				
	Pin:				
	Phone: Fax:				
13b.	Present Residential Address:				
	Pin:				
	Phone:————————————————————————————————————				
14.	Office /Home Address / (if different from 13 above)				
	Pin:				
	Phone:—Fax:—				
440					
	Bill to be sent to (please tick) 13a , 14 or any other address				
	Facility Required (tick whichever is required)				
	STD SMS Call Divert International Roaming Itemised Billing Conferencing				
	ISD SMS Chat. Group Messaging National Roaming Mobile Hunting Others (Refer Tariff Plan)				
17.	Tariff Plan Opted:Standard Others (Refer Tariff Plan) 18. Credit Limit Opted: Rs.				
	Out station customers				
	Details of Local Reference: Name: Phone No. (if any)				
10	(See Clause 2.4 overleaf) Address:				
19.					
	Cheque/DD Details No: Bank/Branch details:  Date:				
	Credit/Debit Card No: Valid upto:				
20a.	Bank A/c details: Bank : A/c No.: Saving: Current				
	Branch: Saving: Current Saving:				
b	Credit Card details if any: Credit Card No Type: Gold/Diner/Visa/Master/AMEX/Others:				
	Issuing Organisations Expiry Date:				
c.	Vehicle Regn. No.: Date:				
	www.bsnl.co.in				



77	BHARAT SANCHAR NIGAM LIMITED (A Govt. of India Enterprise)
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Countrywide Cellular Service from <b>BSINL</b>		
21. Make & Model No. of handset, if any:		_
22. In case the transaction is through a dealer :	Certified that the identity, bonafide and address of	of the applicant have been verified by me/my representative.
Name of Dealer	Dealer Code & Stamp	Signature
as amended from time to time. I/We am not a defaulte the terms & conditions provided overleaf to the form	er account of non-payment of bills for any telecom sen	the prevailing Telegraph Act / Rules framed thereunder & Tariffs vices provided by any service provider. I have read and understood inding on me. I/We have understood all rates, charges and related s date and as amended from time to time. I/We confirm that the g abroad my usage amount will not exceed the limit prescribed by  Signed on: Date
		]
	FOR OFFICIAL USE ONLY	
A. INSTRUMENT MAKE:		Model:
B. IMEI No. of the Cell Phone:		Date of Receipt of Form:
C. IMSI No. of the Cell Phone:		Date of Activation:
D. Cellular No.: 9 4		Designation: Signature of Official