

### **BHARAT SANCHAR NIGAM LIMITED**

(website address)

#### FORM FOR TEMPORARY TELEPHONE CONNECTION

Affix self signed passport size photograph (required for ISD facility only)

Companies/ Organizations Individuals (tick appropriate box)																										
(Please read the instructions befo	•		,																							
1. A. Title/ Name of the Custo	mer/ (	Compa	any/	Firm/	Orga	niza	ation	(SU	RNA	ME I	FIRS	T)	ı	1	ı	ı	ı	ı	ı	i	ı	1	1	í	1	i i
B. Name of the Joint Applic	ant, if	any																								
2. Name of Father/ Husband/	Group	o/ Prop	oriet	or/ Par	tner(	s)													i	i		•		i		
3. PAN/GIR No: (Please see Instruction # 2)									4	1. Te	elep	hon	e N	۱o. ۱	work	king	, if a	any:						I		
Complete Postal Address																										
House No	eet/	Roa	ad/ \	/illa	ge																					
Bldg./Appt.																										
Area/ Locality/ Tehsil																										
City/ District																			Pi	n						
6. Billing/ Correspondence Ac	ldress	(if diff	erer	nt from	5 ab	ονε	e)																			
		Ì																								
7. Period for which connection	n requ	ired: f	rom_			i	to						8.	Pur	pos	e:									_	
9 Status of the Applicant: Individual Firm/ Company Government/ PSU																										
10. Grounds on which temporary Telephone is required :  (for Medical Grounds, Medical Certificate issued by  Registered Medical Practitioner to be attached)																										
11. Facilities Required (tick whichever is required) (please affix photograph for ISD facility):  STD ISD CLI Hotline Conferencing Call Forwarding Abbreviated Dialling																										
12.Whether Telephone instrument is required:  Y/N  13. Whether Internal Wiring is required: Y/N																										
14. Payment Mode: Cash Dem								raft		1		Am	oui	nt [				1			1	$\neg$				
Payment Details:		DD N	lo.									D	ate	d [								ᅱ				
Drawn On: Bank	, Γ												1							1		一				
Bran																						ヿ				
	L	a.a. a.b.		:- 4	4- 41-			- f			اء ما،				.:	اء: ما		م ملد			م منا:					
I hereby declare that information Telegraph Act/ Rules framed the non-payment of bills for any concerning any telecom line, a to the sole Arbitrator, appointe Arbitration and Conciliation Act	nereur teleco ppara d by a	nder & om se tus or a nom	Tar rvice app	riffs as es pro Iliance,	ame video bill o	nde d b etc.	ed fro y ar , bet	om t ny s twee	ime ervi en m	to ice ne/u	time pro ıs aı	e. I a vide nd E	am er. BSN	not In t NL, 1	a d he the	efau eve mat	ulter nt o ter v	on of a will	acc ny be r	our disp efe	nt of	f e				
Signature of Customer/	Autho	rized	Sig	natory	'				Si	gna	ture	e of	Cu	sto	mei	/ A	uth	oriz	ed S	Sigi	nate	ory				
Signed on: Date																										

\*\*\*\*\*\*

- 1. The form may be filled up in Capital letters only.
- 2. In the absence of PAN/GIR number, declaration in form 60/61 may be furnished in the enclosed proforma.
- 3. The temporary telephone connection can be sanctioned for a maximum period of six months only.
- 4. The subscribers of the temporary telephone connections are liable to pay double the normal rental charges in advance alongwith the application form.
- 5. They are also required to pay additional security deposit for STD/ ISD facility on temporary telephone connection.



## **BHARAT SANCHAR NIGAM LIMITED**

# (website address) FORM FOR TEMPORARY TELEPHONE CONNECTION

Affix self signed passport size photograph (required for ISD facility only)

Companies/ Organizatio (tick appropriate box)	ns		]	ndiv	idua	als																								
(Please read the instructions before filling the form)  1. A. Title/ Name of the Customer/ Company/ Firm/ Organization (SURNAME FIRST)																														
1. A. Title/ Name of the Cus	stomer/	Com	pany/	Firm/	Orga	aniza	ation	(SU	RNA I	ME F	IRS1	Γ) Ι	1		İ	1 1		ĺ	ĺ	ì	1	i	ı	i	ı	1	ı	ı	i	Ì
D. Name of the Joint Ann	licent	if any																							$\perp$	$\perp$				
B. Name of the Joint App	licant,	ii any																							$\perp$	$\perp$				
2. Name of Father/ Husband	d/ Grou	ıp/ Pr	oprieto	or/ Pa	rtner	(s)	1			1		ĺ	1	1	ĺ		ĺ					ĺ	1	1			1			
						İ	ĺ	İ						ĺ		ĺ								Ì	İ	İ				
3. PAN/GIR No: (Please see Instruction #2)																														
4. No. of telephone connect	ions re	quire	d:	- 1		_		1		ı						1 1	_						1 1							
In words (Please see Instruction # 3(a))																		In fi	gure	S										
5. Telephone No. working, if any:																														
6. Complete Address where House No	teleph	none(s	s) is/ a	re rec	quired	d:	S	tree	et/ R	oad	/ Vil	llag	je		Ī							l		1	ĺ		1		ĺ	
Bldg./Appt.																														
Area/ Locality/ Tehsil																														
City/ District																						F	Pin	Ĺ	Ī	Ī				
7. Billing/ Correspondence	Addres	s (if a	lifferer	nt fron	n 5 al	bove	e)			ĺ	1		[					[	[		ĺ	1	ĺ	ĺ	Ī	Ī	Ī	[	ĺ	
8. Period for which connect	ion req	uired	: from_				to	<u> </u>								9. F	urp	ose:				<u> </u>								
10. Status of the Applicant:			Indivi	dual				Fir	m/ (	Com	pan	ny				(	Gov	ernr	nent	/ PS	SU									
11. Grounds on which temporary Telephone is required : (for Medical Grounds, Medical Certificate issued by Registered Medical Practitioner to be attached)																														
12. Facilities Required (tick whichever is required) (please affix photograph for ISD facility):  STD ISD CLI Hotline Conferencing Call Forwarding Hunting facility Abbreviated dialing																														
13.Whether Telephone instrument is required:  Y/N  14. Whether Internal Wiring is required:  Y/N																														
[please see instruction No.3(b)] [please instruction No.3(b)]  15. Mention the tariff package required: [Please see various tariff packages available]																														
16. Payment Mode:	Cash						De	ema	nd [	Oraft	:				A	moun	t													
Payment Details:			DD	No.											I	Dated	ı [													
Drawn On:	Bank																									]				
	Branc	h																												
I hereby declare that informal Rules framed thereunder & telecom services provided I appliance, bill etc., between in BSNL and shall be governe	Tariffs of by any me/us	as am serv and E	nended vice pr SSNL,	d from ovide the m	n time r. In atter	e to the will	time e eve be r	e. I a ent efe	of a	not a any to t	dis dis	efau put sole	ultei e c e Ar	r on cond rbitr	ac cern atoi	count	of	non tele	-pay	me lir	nt o	f bil app	ls fo	r ar us (	ny or			1		
Signature of Custo	mer/ A	utho	rized (	Signa	itory							S	Sign	natu	ıre	of Cu	ısto	mei	/ Aι	ıtho	rize	d S	Sign	ator	·y					
Signed on: Date																														

### INSTRUCTIONS FOR FILLING THE FORM FOR TEMPORARY TELEPHONE CONNECTION

- 1. The form may be filled up in Capital letters only.
- 2. The absence of PAN/GIR number, declaration in form 60/61 may be furnished in the enclosed proforma.
- 3 (a) If customer requires more than one telephone in the same name, Category and for installation at the same place, he / she may indicate here number of telephones required.
- 3 (b) A rebate is admissible on installation charges, if the telephone instrument and/ or internal wiring is arranged by the subscriber.
- 4. The temporary telephone connection can be sanctioned for a maximum period of six months only.
- 5. The subscribers of the temporary telephone connections are liable to pay double the normal rental charges in advance alongwith the application form.
- 6. They are also required to pay additional security deposit for STD/ ISD facility on temporary telephone connection.

NOTE: RATES / TARIFF IS SUBJECT TO CHAGNE WITHOUT NOTICE.