

BHARAT SANCHAR NIGAM LIMITED

(website address) FORM FOR NEW TELEPHONE CONNECTION

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

| Companies/ Organizations | Indiv | iduals | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------------------|--------------------------|----------------------|--|--------------------|-----------------------|--------------------|--------------------|-------------------|---------------------|---------------------|----------------------|----------------------|--------------------|----------------------|----------------------------|--------------------|------|-------|-----|
| (tick appropriate box) | | | | | | | | | | | | | | | | | | | | | | |
| (Please read the instructions before for 1. A. Title/ Name of the Custome | | Firm/ Ord | nanizati | ion (s | URNA | MFF | FIRST | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| B. Name of the Joint Applican | t, if any | 1 1 1 | | 1 | ı | 1 | | | | | | | 1 | | | 1 | | | | | - | |
| | | | | | | | | | | | | | | | | | | \perp | \perp | | | |
| 2. Name of Father/ Husband/ Gro | oup/ Proprieto | r/ Partne | r(s) | | i | | | i | í | i | i | 1 | 1 | i | i | | 1 | ı | | í | i | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 3. PAN/GIR No: | | | | | | | | | | | | | | | | | | | | | | |
| (Please see Instruction # 2) | tiono roquiros | 1. | | | | | | | | | | | | | | | | | | | | |
| 4. No. of telephone connec | tions required | ı: | | | | | | | | | In f | igui | മ | | <u> </u> | | | | | | | |
| (Please see Instruction # 3(a) | | | | | | | | | | | | igui | C 3 | | | | | | | | | |
| 5. Telephone No. working, if any | / : | | | | | | | | | | | | | | | | | | | | | |
| 6. Complete Address where tele | phone(s) is/ a | re require | ed: | | | | | | | | | | | | | | | | | | | |
| House No | | | Street/ F | Road/ | Villa | ge | | | | | | | | | | | | | | | | |
| Bldg./Appt. | | | | | | | | | | | | | | | | | | | | | | |
| Area/ Locality/ Tehsil | | | | | | | | | | | 1 | 1 | İ | 1 | 1 | | l | | i | l | 1 | i |
| City/ District | | | | | | <u> </u> | | I | | | l | 1 | 1 | 1 | l F | in | 1 | 1 | | l | 1 | i |
| · L L L | /:f -l:ff | - 1 6 5 | - 1 \ | | | | | | | | <u> </u> | 1 | | 1 | | | | | | | | |
| 7. Billing/ Correspondence Addre | ess (if alfferei | nt trom 5 (| above) | ĺ | 1 | l | | ı | | | l | 1 | 1 | ı | l | 1 | 1 | | 1 | 1 | 1 | 1 |
| | <u> </u> | <u> </u> | <u> </u> | 1 | 1 | <u> </u> | | <u> </u> | ĺ | | l I | l Î | l Î | <u> </u> | <u> </u> | 1 | Ì | 1 | <u> </u> | 1 | 1 | |
| | | | | | | | | | | | | | | <u> </u> | <u> </u> | | | | 上 | | | |
| 8. E-mail address (if any): | | | _@ | | | | | | | | | | | | | | | | | | | |
| 9.Category Code [] (please write Code No. as indicated in i | instruction No.10) | (pleas | 10. (e write C | Conce | | | | - | | | o.11 |) | | | | | | | | | | |
| 11. Purpose: Residence | Business | s G | ovt. | P | SU | | | | | | | | | | | | | | | | | |
| 12. Facilities Required (tick whiche | ver is required) (i | olease affix i | photograi | bh for I | SD fac | cility) | <u>-</u> | | | | | | | | | | | | | | | |
| STD ISD CLI | Hotline | Conferen | | | all For | | | | | I | Hun | ting | faci | lity | | | Ab | orev | viate | d di | aling | , _ |
| 13.Whether Telephone instrume | ent is required | | Y/N | | | 12 | 1. W | hetl | her | Inte | rns | al \Λ | /irin | a is | rec | uire | ٠q٠ | | Y/1 | uГ | | |
| 14 A. Whether the telephone is t | • | | | \vdash | /DI | | | | | | | | | • | | 1un c | u. | | 171 | ` L | | |
| National Do not call (NDNC) reg | | | Y/N | | (Plea | ase | reter | | | | | | | | • | | | | | | | |
| [please see instruction No.3(b)] | | | | | | _ | | [plea | ase s | see i | nstr | uctio | n No | .3(b |)] | | | | | | | |
| 15. Mention the tariff package re [Please see various tariff package] | | | | | | | | | | | | | | | | | | | | | | |
| 16. Payment Mode: Cash | | | emand | l Draf | t | Ţ | Aı | mou | ınt | | | | | | | | | | | | | |
| Payment Details: | DD No. | | | | | | | Dat | ed | | | | | | | | | | | | | |
| Drawn On: Bank | | | | | | | | | | | | | | | | | | П | | | | |
| Branch | | | | | | | | | | | 1 | | | | | | | Ħ | | | | |
| I hereby declare that information Telegraph Act/ Rules framed ther payment of bills for any telecom telecom line, apparatus or appliar appointed by a nominated author Act, 1996. | reunder & Tai services prov nce, bill etc., l | riffs as an vided by a between i | nended any sei me/us a | I from rvice and B | time provi SNL | to der. , the | time In t ma | . I a the itter | am i eve wil | not ent I be | a c of a re | lefa any ferr | ulte dis ed t | r or pute o th | n ac e co ne s | cou once ole | nt o ernii Arb | of nong a ng a oitra | on- any tor, | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Customer/ Au | ıthorized Sig | natory | | | Si | gna | ture | of | Cus | sto | me | r/ A | uth | oriz | zed | Sig | nat | ory | , | | | |
| Signed on: Date | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR FILLING THE FORM FOR NEW TELEPHONE CONNECTION

- The form may be filled up in Capital letters only. In 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 no. of telephone required.
- 3(b) A rebate is admissible on installation charges, if the telephone instrument and/ or internal wiring is arranged by the subscriber.
- In case of sole proprietary concern, proprietor may sign himself and affix rubber stamp.

 In case of partnership concern, all partners or any one of the partners duly authorised or Person with the Power of Attorney may sign. In case of Company, 5. signature should be of a person on behalf of a Company, in accordance with the provisions of its Articles of Association. In case of partnership concerns, copy of (i) Power of attorney for authorization & (ii) Partnership Deed, and In case of Limited Company, a copy of the Articles of Association, may be attached.
- In case of Government Departments, authorised person may sign and affix rubber stamp. 6.
- Relevant Documents should be duly attested by Central/ State Government Officers in respect of Concessional Groups and Special Categories indicted 7. below.
- For ISDN Connections, the customer is required to fill up a separate form.
- If at any stage information furnished is found false Telecom Service/ Telephone provided is liable to be disconnected immediately without any notice. If you want your telephone to be included in National Donot Call (NDNC) registry (to prevent unsolicited commercial calls on your telephone) mark Yes in 10.

| | tego <u>ries (</u> | | | N-OYT-SS 03 N-OYT-G-S | SWS 04 N-OYT_G-SE-DoT 05 | |
|-----------------------|---------------------|-------|--|--|---|------------------------|
| OYT-Gen. | . 06 | | OYT-Spl 07 TAT | KAL 08 Others 09 | | |
| 12. Co Freedom Fig | | | roup Code: Gallantry Award Winners/ Aw Polic | vardees of President's experiment of the description of the descriptio | Vidows 03 Disabled Soldiers 04 | Blind 05 |
| Senior Ci | itizens 06 | 6 | Retired DoT Employee | es 07 Serving DoT Emp | oloyees 08 Recognized Educational | Institutes 09 |
| Orpha | nages 10 | 0 | | or aged, infirm, spastics, handicapped, deaf- s recognized by Government | dumb-mute persons/ voluntary organizations for tribal v | velfare and other like |
| 13. Ар | plicable re | gistr | ation fee for various Categories | s is as under: | | |
| | Telepho | ne C | Categories | Registration Fee Subject | to Revision as per BSNL Rules | |
| | | | | Urban Area | Rural Area | |
| | N-OYT-0 | Gene | eral/ Special/ SS | Rs.2000/- | Rs.500/- | |
| | N-OYT-G-SE-DoT/ SWS | | -DoT/ SWS | Nil | Nil | |
| | OYT-Ge | nera | I/ Special | Rs.15000/- | Rs.10000 & Rs.8000/- | |
| | TATKAL | | · | Rs.30000/- | Rs.30000/- | |

| Category | Entitled Persons/ Organizations | Documents to be Attached (duly attested by Central/State Govt. Gazetted Officers) | | | | |
|----------------|---|--|--|--|--|--|
| | Doctors/ Nurses/ Midwives | Recognized Degree/ Diploma, Registration Certificate. | | | | |
| | Press | Accrediation Certificate from PIB | | | | |
| | Advocates & Judicial Officers | Regn. By Bar Council [for advocates] | | | | |
| | Eminent Persons | Proof of Recognition at State/ National Level in any field. | | | | |
| | Senior Citizens (aged 65+) | Proof of age. | | | | |
| N-OYT-Special | Gallantry Award Winners | Copy of Award Letter. | | | | |
| | War Widows/ Disabled Soldiers | Documentary Evidence, Copy of PPO [for War Widows] | | | | |
| | Blind Persons | Visually Blind Certificate from CMO | | | | |
| | News Papers | Registration with the Registrar of News Paper | | | | |
| | Small Scale Industries | SSI Registration Certificate | | | | |
| | Other Eligible Categories | Documentary Proof. | | | | |
| N-OYT-SWS | Freedom Fignters/ Swatantra Senani | Copy of PPO & I-Card | | | | |
| N-OYT-SS | MPs/ MLAs/ Municipal Counselors/ Presidents, Vice- Presidents, Chairman of Standing Committees of Distt., Block and Gram Panchayats and Members of Zila Parishads Foreign Missions and Embassies/ UN Organisations Distinguished Persons/ *Retired Govt. Officers, Staff & Officers of courts/ Retired DoT employees** | * Subject to fulfilment of pay conditions and submission of documentary proof **Service Certificate, Service Book Entry Proof. | | | | |
| N-OYT-G-SE-DoT | Serving DoT employees | Service Certificate, Service Book Entry Proof. | | | | |
| OYT-Special | Retd. Officers of PSUs, Statutory Bodies and Foreign Exchange Earners/ NRIs | | | | | |

15. Applicable charges for concessional Groups

| Concessional Group | Registration charges | Rental charges | Installation charges | Remarks | | | |
|---|----------------------|-----------------------|--|--|--|--|--|
| Freedom Fighters | NIL | 50% of normal rentals | NIL | Same concession applicable to Widows of Freedom Fighters | | | |
| Gallantry Award Winners | NIL | NIL | NIL | NIL | | | |
| Awardees for President's Police Medal for Gallantry | NIL | NIL | NIL | | | | |
| War Widows/ Disabled Soldiers | NIL | 50% of normal rentals | NIL | | | | |
| Blind Persons | Full charges | 50% of normal rentals | Full charges | 50% of Annual Advance Rental | | | |
| Sr.Citizens | NIL | Full rentals | Full charges | Transferable in the name of spouse after death in General Category | | | |
| Retired DoT employees | NIL | NIL | Full charges where actual installation is involved | Free calls Group A-1000 Free calls Group B- 500 + admissible Group C- 300 to normal Group D- 200 subscribers | | | |
| Serving DoT employees | NIL | NIL | NIL | Free calls as admissible to normal subscribers | | | |
| Recognized Educational Institutions | Full charges | 75% of normal rentals | Full charges | Concession applicable on maximum 2 connections | | | |