

APPLICATION FORM

(For access to network of GTPL Kolkata Cable & Broadband Pariseva Limited for distribution of
television channel(s))

1. Name of the broadcaster: _____

2. The names of CEO/MD of the broadcaster: (Mr./Ms.) _____

(Mr./Ms.) _____

3. Registered Office address: _____

4. Address for communication: _____

5. Name of the contact person/ Authorized Representative:

(Mr./Ms.) _____

6. Telephone: _____

7. Email address: _____

8. Details of channel(s) for which request for distribution has been made:

| Sr.No. | Name of Channel (s) | Nature of Channel (pay or free- to- air) | Genre of channel | Language(s) of channel |
|--------|---------------------|--|------------------|---------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

9. Technical parameters of channel (s):

| Sr. No. | Name of Channel (s) | Name of satellite | Orbital location | Polarisation | Downlinking frequency | Modulation/ coding and compression standard of channel | Encryption of channel |
|---------|---------------------|-------------------|------------------|--------------|-----------------------|--|-----------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Date : _____

Place: _____

(Signature)

DECLARATION

I _____s
/o,d/o _____,
(Authorized Signatory), _____ of

(Name of the
broadcaster), do hereby declare that the details provided above are true and correct.

Date : _____

Place: _____

(Signature)