APPLICATION FOR AFFILIATION

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Area of Operation
Number of Households supplied to:
No. of Franchisees: *Enclose list refer annexure 1
No. of Subcribers
Channels Required

ANNEXURE [I] – FRANCHISEE LIST

Sr. No.	Franchisee Name	Address	Telephone No.	Regn. No.	No. of households connected	Declared subs	Area of Operation

DETAILS OF Cases filed again (If yes, give detail	st the A																							
DETAILS OF	PROJ	EC	TEI	D B	USI	NE	SS]	PLA	N I	FOF	R TH	Œ I	NEX	T 5	YE	AR	S							
*Enclose Annexure a	s required	d —																						
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Address:		ХDI	DI VI	,																				
ridaress.																								
Landmark																		Piı	ı					
Phone														Mot	ile									
Whether Owned/l	Rented					Own	ed				Ren	ted			(Ple	ease t	ick ¹	√in t	he re	leva	nt bo	xes)		
No. of years at Pr	esent A	ddre	SS			_	yrs.																	
CAS DETAILS	S																							
NAME OF CAS	S VENI	OOF	R(S)																					
															_									
Location of CAS	installat	ion:																						
Landmark																		Piı	1					
Number of CAS	VEND	ORS	S:																					
Version of CAS:																								

																			-				
Number of SMS us	sed:																						
Oatabase used:																							
Location of SMS:_																							
DETAILS OF S	ТВ																						
TB VENDOR	B VENDOR MAKE							M	IOD	EL										BER OF STB			
DECLARATIO		_s/o/d/	/o)							resio	ding	gat_											
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