

Application for requesting signals in DAS Phase III areas

MSO basic information

1. Registered name of the MSO
2. Registered office address
3. Address for communication
4. Name of the contact person/Authorized Representative
5. Telephone
6. Email address
7. City
8. State
9. The names of Owners/Directors/Partners
10. List of channels

Specific information for providing services in DAS III areas

1. Copy of the valid Certificate issued by the appropriate authority under the Cable Television Network (Regulation) Act of 1995 as amended to date, for the DAS in Phase III areas. If the Certificate has not been issued, please provide a copy of the provisional certificate or application made for the requisite license
2. Proposed areas of operations
 - a. State
 - b. District
 - c. Town
3. Do you have an existing agreement with _____ (channel) for these locations?
4. Date of analog switch-off ("Appointed Date") _____
5. Number of boxes seeded till now (if any)
6. Estimated number of boxes to be seeded before Appointment Date
7. Seeding plan
8. Signals through existing Headend or new Headend (with location of the Headend)

Commented [RT(11)]: The system will not allow a date beyond December 31, 2015 to be selected

For any enquiries, please feel free to get in with us on _____ (email id)