

APPLICATION FOR REQUESTING SIGNALS IN DAS AREAS

A. 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:
11. Particulars of Service Tax registration:
12. Entertainment Tax number:
13. PAN - _____ (attach copy).

B. Specific information for providing services in DAS areas:

1. Copy of the valid registration certificate issued by the Ministry of Information and Broadcasting, under the Cable Television Network (Amendment) Rules, 2012 or as amended to date.
2. Proposed areas of operations:
 - a. State:
 - b. District:
 - c. Town:
3. Seeding plan.
4. Location of the Headend along with the particulars of CAS & SMS.
5. In case, the MSO is desirous of entering into an interconnect agreement based on a mutually negotiated deal, kindly provide details of subscriber base.

C. Details of the Point of Contact of the Broadcaster:

S.No	Name of Contact Person	State/Zone	Email id	Address
1	Ch. Chowdary M	Andhra Pradesh and Telangana	Chowdary.ch@etv.co.in	SP3 Building, 3 rd floor, Ramoji Film City, Hayathnagar Mandal, Hyderabad - 501 512, Ranga Reddy District

Note: The information sought herein is only preliminary in nature and more information/documents may be sought by the Broadcaster at the time of signing the agreement.

DECLARATION

I _____, S/o, D/o _____, _____ (Owner/
Proprietor/Partner/Director/ Authorized Signatory), of _____ Network (Name of the MSO),
do hereby declare that the details provided above are true and correct.

I state that the Digital Addressable System installed for distribution of TV channels by our Network meets the technical and other requirement(s) specified for "Digital Addressable Cable TV Systems" in Schedule I of the Telecommunication (Broadcasting & Cable Services) Interconnection (Digital Addressable Cable Television System) Regulations 2012, as amended which may be verified/audited by the Broadcaster before execution of the agreement.

I state that submission of application form does not engender any grant of right to me for providing the requested channels to my cable TV services.

(Signature)

Date:

Place :