

APPLICATION FOR SIGNALS OF TV CHANNELS IN DAS AREAS

A. MSO basic information:

1. Registered name of the MSO: _____
2. Registered office address:
Address: _____
City: _____; Pin Code: _____; State: _____
3. Address for communication:
Address: _____
City: _____; Pin Code: _____; State: _____
4. Name of the contact person/Authorized Representative: _____
5. Telephone: Off.: _____ Mob.: _____
6. Email address: _____
7. Name of Owners/Directors/Partners: _____
8. List of channels: _____
(Please attach separate sheet, if required)
9. Particulars of Service Tax registration: _____
10. Entertainment Tax number: _____
11. PAN - _____ (attach copy)

B. Specific information for providing services in DAS areas:

1. Copy of the valid 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. Notified Town/City/Municipality: _____
3. Seeding plan: _____
4. Location of the Headend: _____
5. Particulars of CAS & SMS: _____

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

S No.	Name of Contact Person	State/ Zone	Email id	Address
1.	Anshul Pareek	North	anshul.pareek@indiacast.com	IGL Compound, Ground Floor, Tower No. III, Plot No. 2B, Sector 126, Noida – 201 304, Uttar Pradesh
2.	Amit Kala	South	amit.kala@indiacast.com	IndiaCast Distribution Pvt Ltd. 48/1, The Estate, Ground floor, 121, Dickenson Road, Off MG Road, Near Manipal Center, Bangalore – 560042
3.	Mukesh Singh	East	mukesh.singh@indiacast.com	IndiaCast Distribution Pvt Ltd. Haute Street, Office # 1002, 10th floor, 86, Topsia Road, (South) Kolkata 700046
4.	Kishore Shetty	West	kishore.shetty@indiacast.com	703, 7th Floor, HDIL-Kaledonia, Opp. Vijay Nagar, Sahar Road, Andheri (E), Mumbai – 400069

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 _____ (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: