

**APPLICATION FORM FOR DATA CIRCUIT**  
(Use separate Form for each circuit)

**Application Form No.**

**BHARAT SANCHAR NIGAM LIMITED**  
**(A Govt. of India Enterprise)**  
**CALCUTTA TELEPHONES**

Make all entries in BLOCK letters. Indicate choice by TICK mark. Strike out which is not applicable.

To  
The Chief General Manager  
Calcutta Telephones.

I /we the undersigned hereby apply for TP/Speech/Data/Leased Circuits in individual capacity/on behalf of my Organization as detailed below under the terms and conditions set forth in the Indian Telephones Rules as amended from time to time.

**PART-1**

- |                                   |  |
|-----------------------------------|--|
| 1. Application No. -              | Application Date (dd-mm-yyyy)-   |
| 2. Application Type -             | <input type="checkbox"/> General <input type="checkbox"/> Service <input type="checkbox"/> Casual    |
| 3. Connection Type                | - <input type="checkbox"/> Local <input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming |
| 4. Nature of Circuit              | - <input type="checkbox"/> Data <input type="checkbox"/> Data-MLLN <input type="checkbox"/> E1-R2    |
| 5. Authority                      | - BSNL : CGM (CTD)   |
| 6. Connection from (dd-mm-yyyy) - | Upto (dd-mm-yyyy) -  |

**PART-2**

|                                  | <b>General Information</b> | <b>Details of A-end</b> | <b>Details of B-end</b> |
|----------------------------------|----------------------------|-------------------------|-------------------------|
| Name                             |                            |                         |                         |
| Premises No.                     |                            |                         |                         |
| Street Name                      |                            |                         |                         |
| Care Of                          |                            |                         |                         |
| Building name                    |                            |                         |                         |
| Sector                           |                            |                         |                         |
| Block                            |                            |                         |                         |
| Flat no.                         |                            |                         |                         |
| City                             |                            |                         |                         |
| Pin code                         |                            |                         |                         |
| State                            |                            |                         |                         |
| Contact Tel No.<br>(STD+Tel No.) |                            |                         |                         |
| FAX No.<br>(STD+Tel No.)         |                            |                         |                         |
| E-Mail address                   |                            |                         |                         |
| Mobile No.                       |                            |                         |                         |

**Date:**  
**Applicant**

**Signature of the**

**PART-3**

|                                  | <b>Mailing Details</b>   | <b>Billing Details</b>  |
|----------------------------------|--|---|
|                                  | <ul style="list-style-type: none"> <li>• Same as A-end</li> <li>• Same as B-end</li> <li>• Same as General</li> <li>• If not, fill-up this column</li> </ul> | <ul style="list-style-type: none"> <li>• Same as A-end</li> <li>• Same as B-end</li> <li>• Same as General</li> <li>• Same as Mailing details</li> <li>• If not, fill-up this column</li> </ul> |
| Name                             |  |   |
| Premises No.                     |  |   |
| Street Name                      |  |   |
| Care Of                          |  |   |
| Building name                    |  |   |
| Sector                           |  |   |
| Block                            |  |   |
| Flat no.                         |  |   |
| City                             |  |   |
| Pin code                         |  |   |
| State                            |  |   |
| Contact Tel No.<br>(STD+Tel No.) |  |   |
| FAX No.<br>(STD+Tel No.)         |  |   |
| E-Mail address                   |  |   |
| Mobile No.                       |  |   |
| Billing Criteria                 |  | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Yearly   |
| Status of Applicant              |  | <input type="checkbox"/> Govt.<br><input type="checkbox"/> Ltd. Co.<br><input type="checkbox"/> Pvt. Ltd. Co<br><input type="checkbox"/> Others   |
| PAN/GIR No.                      |  |   |
| Co. Regn. No.                    |  |   |

**PART-4 (To be filled up in case of Partnership Firms only)**1. Partnership Firm - YES  NO 

2. Name of the partner (1) -

3. Name of the partner (2) -

4. Name of the partner (3) -

**Date:  
Applicant****Signature of the**

**PART- 5(Technical details)**

|  |  |
|--|--|
| 1. Type of Circuit   | - National <input type="checkbox"/> International <input type="checkbox"/>   |
| 2. Band width (KBPS/MBPS)                                    | -  |
| 3. No. of Wires  | - 2 <input type="checkbox"/> 4 <input type="checkbox"/>  |
| 4. Type of User  | - Single <input type="checkbox"/> CUG <input type="checkbox"/>   |
| 5. Type of Network   | - Point-to-Point <input type="checkbox"/> Network <input type="checkbox"/>   |
| 6. Purpose   | - Voice <input type="checkbox"/> Data <input type="checkbox"/> Telegraph <input type="checkbox"/> Fascimile <input type="checkbox"/> |
| 7. Nature of data  | - Internet <input type="checkbox"/> POI <input type="checkbox"/> CCS7 <input type="checkbox"/> E1R2 <input type="checkbox"/>         |
| 8. Internet Connection from                                  | - BSNL <input type="checkbox"/> OTHERS <input type="checkbox"/>  |
| 9. Name of ISP   | -  |
| 10. Circuit required to be terminated on Private Network ... | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 11. ISP Number   | -  |
| 12. Remarks / Comments                                       | -  |
| 13. ISP Address  | -  |
| 14. No. of Ports   | -  |
| 15. Un-check Internet  | -  |

**PART- 6 ( Network details)**

|                               |   |
|-------------------------------|---|
| 1. Name of the Network        | - |
| 2. Approval Date (dd/mm/yyyy) | - |
| 3. Valid upto (dd/mm/yyyy)    | - |
| 4. Approval details           | - |
| 5. No. of Terminals           | - |
| 6. Network Comments           | - |

**PART- 7 ( Modem details)**

| <b>Modem details</b>                | <b>A-end</b>   | <b>B-end</b>   |
|-------------------------------------|--|--|
| Modem type                          |  |  |
| Available                           | YES <input type="checkbox"/> NO <input type="checkbox"/>   | YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| TEC approved                        | YES <input type="checkbox"/> NO <input type="checkbox"/>   | YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| Manufacturer                        |  |  |
| Speed (KBPS / MBPS)                 |  |  |
| Will be available from (dd-mm-yyyy) |  |  |
| Modem owned by                      | BSNL <input type="checkbox"/> CLIENT <input type="checkbox"/>  | BSNL <input type="checkbox"/> CLIENT <input type="checkbox"/>  |
| Cost of Equipment (Rs.)             |  |  |
| Press concession                    | YES <input type="checkbox"/> NO <input type="checkbox"/>   | YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| No. of Modems installed by BSNL     | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |

Date:  
Applicant

Signature of the

**PART- 8 ( Documents submitted)**

- 1. Network diagram
- 2. Literature of Modem
- 3. Form 60/61
- 4. Network Approval
- 5. Form 14
- 6. Other (if any)

**PART- 9 ( Not to be filled up by the Applicant)**

- 1. Circuit No.
- 2. A/N Number
- 3. A/N Date (dd-mm-yyyy)
- 4. A/N from
- 5. Remarks

**Date:  
Applicant**

**Signature of the**