

**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. (STD+Tel No.)			
FAX No. (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. (STD+Tel No.)		
FAX No. (STD+Tel No.)		
E-Mail address		
Mobile No.		
Billing Criteria		<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Status of Applicant		<input type="checkbox"/> Govt. <input type="checkbox"/> Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co <input type="checkbox"/> Others
PAN/GIR No.		
Co. Regn. No.		

\*GSTIN/UID No.

\*TAN 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**