

Application form for access to Netvision's network for distribution of TV channel

1. Name of the broadcaster:
2. The names of CEO/MD of the broadcaster:
3. Registered Office address:
4. Address for communication:
5. Name of the contact person/ Authorized Representative:
6. Telephone:
7. Email address:
8. Name of channel for which request for distribution has been made:
9. Copy of permission letter issued by the ministry of information and broadcasting for downlinking of the channels mentioned above in India:
10. Nature of channel (pay or free- to- air)
11. Genre of channel:
12. Language(s) of channel:
13. Downlinking parameters of the channel:
 - a. Name of satellite:
 - b. Orbital location:
 - c. Polarisation:
 - d. Downlinking frequency:
14. Modulation/coding and compression standard of channel:
15. Encryption of channel: encrypted/unencrypted

(Signature)
Date and Place:

DECLARATION

I _____ s/o, d/o _____, _____ (Authorized Signatory), of _____ (Name of the broadcaster), do hereby declare that the details provided above are true and correct.

(Signature)
Date and Place:

The Authorized person from Netvision to handle these requests is as under:

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