

APPLICATION FORM FOR ACCESS TO SRI SIVAKAMI AMMAN CABLE TV SYSTEM

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 down linking 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. Down linking parameters of the channel:
 - a. Name of satellite:
 - b. Orbital location:
 - c. Polarisation:
 - d. Down linking 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: