

MAHANAGAR TELEPHONE NIGAM LIMITED, DELHI**Application for IN Services**

For Office Use Only

Free of Cost

Application No. IN Date of issue.

(DDMMYYYY)

C.A. NO.

Telephone Exchange _____

*Note: Please read instructions before filling application form***FACILITIES REQUIRED****TOLL FREE SERVICE (TFS)/PREMIUM RATE SERVICE (PRM)**

1. Name of Applicant.

(Surname

First Name

Second Name)

2. Name of father/
husband/guardian.
(in case of individual)

(Surname

First Name

Second Name)

3. Purpose of use.

Residential / Business / Government /others (specify)

4. Status of applicant.

Govt / PSU / Pvt / Individual/others (specify)

5. Payment particulars.

Amount Rs. PO/DD No. Dated.

(DDMMYYYY)

Bank & Branch. _____

6. Address for correspondence.

PIN

7. Contact Telephone Number (if any)

E-mail ID

8. Billing address:

PIN

9. If the applicant is a Partnership Firm or Hindu Undivided Family (HUF), please furnish the following

Name of the Karta of HUF _____

Name in full of members of HUF/Partnership Firm Father's Name Relation to Karta

S.No.	Name of members of HUF/Partnership Firm	Father's Name	Relation to Karta

Note : For any further queries, Please contact 1800 11 3435 (Toll Free) or visit <http://mtnl Delhi.in>

10. Nominee

S.No.	Name	Relation	Address

11. EXISTING NUMBER & ADDRESS ON WHICH TFS/PRM Telephone No. IS REQUIRED.

Telephone No.

1									
2									
3									
4									

Address.

PIN

12. Accessibility required from

Delhi	National
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13. TIME DEPENDENT ROUTING INFORMATION (Please attach a separate sheet if required)
(Applicable for 07 days a week)

S. No.	Telephone No.	Address	Time Slot	
			From	To

14. ORIGIN DEPENDENT ROUTING INFORMATION (Please attach a separate sheet if required)

S.No.	Telephone No.	Address

15. CALL FORWARDING INFORMATION

S.No.	Telephone No.	Address	Conditions
			Busy _____ No Reply _____

OTHER DETAILS _____

16. ADDITIONAL DETAIL BILLS WHETHER REQUIRED

Y	N
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17. Declaration.

I/We undertake to pay all call charges received on the Toll Free Number to be allotted to me /us.
I/We agree to abide by the provision of Indian Telegraph Rules in force and as also such amendments as may be. made from time to time to these rules, in so far as they relate to this IN connection now or at a later date. I further confirm that all the telephone numbers are given in the form above for TFS/PRM service belong to me/us. Any dispute arising out to these numbers, responsibility shall rest on me/us. The Minimum hire period of Toll Free number is three months.

Date: _____ Place: _____ (Signature with stamp)

Name (in Block letters) _____