

MAHANAGAR TELEPHONE NIGAM LIMITED
OFFICE OF THE EXECUTIVE DIRECTOR, K.L. BHAWAN, ND.

Application From for grant of licence for operating group EPABX
With DID facility (On Franchise Basis)

The Registration is valid for three months only

Sl. No. _____ Date of issue _____

To,
The AGM (OP&NS)
MTNL, K.L. Bhawan,
New Delhi – 110050.

(For office use only)

1. Application received on
2. Demand Draft Particulars.....
3. Regn.No. allotted.....

(To be filled in by the Applicant)

1. Name of the applicant or :.....
firm in whose name the licence for
operating the EPABX is required.
(In block letters)
 2. Nationality :.....
 3. I) Address for correspondence :.....
and permanent address
.....
- II) Name(s) & Address(es) of the partners if any
1.
 2.
 3.

4. Contact Number
 - a) Telephone.....
 - b) Fax No.....
 - c) Email.....

5. Name of Bank & A/c No. :.....
6. PAN (Permanent Account Number) :.....
7. State whether any DOT /MTNL dues:.....
are outstanding against the applicant.....

8. a) Address where the Group :.....
EPABX is to be operated

- b) Name of the MTNL Exchange :.....
from which junctions required

9. a) Name & type of the EPABX :.....
- b) Capacity of the EPABX :.....
- c) Code No. if any :.....
& Name of the manufacturer

10. Interface approval details
issued by DOT :.....
11. No. of O/G junction required :.....
12. No. of I/C junctions required :.....
13. Proposed No. of extensions :.....
(Name & Address to be attached)

14. No. of Extension users of
 - a) Business category :.....
 - b) Residential category :.....
15. No. of extensions for personal use :.....
(Name(s) & Address(es) to be enclosed) :.....

Date:

(SIGNATURE OF THE APPLICANT)

Specimen Signature 1) _____
2) _____
3) _____

Encl: 1) Agreement (2) Specification (3) Interface details (4) DD for Rs. 1,000/-

CERTIFICATE

I / We hereby agree that it is the absolute discretion of MTNL to accept or reject my application for Franchise Licence to operate Group EPABX with DID facility, without disclosing any reason. Therefore, any decision of MTNL shall be final and binding on me.

SIGNATURE OF THE APPLICANT

SI No.

Received one Application Form from _____

Receipt Assistant