FORM - I

(See Rules 3 (i))

(To be submitted in duplicate)

Form of application for registration / renewal of registration as a Cable Operator

To The Head Postmaster, Head Post Office,			
Application for registration/renewal	of regist	ration as Cable Operator.	
1 (a) Name of applicant (Individual/ Firm/Company/Association of Persons/body of individual)	:		
(b) Age	:		
2 (a) Address (Office)	:		
(b) Telephone Number (If any)	:		
3 (a) Nationality	:		
(b) By birth/domicile	:		
4 (a) Registration fee enclosed	:		
(b) Postal Order No	dated _	on	
5 Area in which cable television Network is working proposed to be setup.	:		
6 Number of channels being provided Proposed to be provide(with name			
7 (a) Whether using TVRO(b) If yes number and size(c) Location	: : :	Yes / No	
8 Name of Doordarshan satellite Channels included in cable service	:		
9 Copy of earlier registration certific Enclosed (To be filled in only for renewal of registration)	ate :	Yes / No	
10 Declaration if Form 2 enclosed	:	Yes /No	
I/We persons/body of individuals) do here		_the applicant(s) (individual/firm/Company/association or re that the above facts are correct in all respects.	of
Place : Date :		SIGNATURE OF APPLICANT (individual/firm/Company/association of persons/body of individuals) Name	

Address:

<u>F O R M – 2</u> (See Rule 3 (1-3))

	I/We	the applicant(s) (Individual/firm/Company,
		persons/ body of individual) for registration as a cable Operator / renewal of registration as a do hereby declare that :-
	(i)	I/We shall ensure that my/our cable television network shall be run in accordance with the provisions of the Cable Television Networks (Regulation) Ordinance, 194 at all times.
	(ii)	I/We shall not permit/associate any person who is not eligible to run a cable television network under the cable Television Networks (Regulation) Ordinance, 1994 to run/with the running of my/our cable television network.
	(iii)	I/We shall strive to the best of my/our ability to provide cable service to the satisfaction of the subscriber (s) of my/our cable television network.
	(iv)	I/We shall strive to the best of my/our ability to ensure that my/our cable television network is not used for any unlawful purpose.
	(v)	I/We shall obtain the necessary approval/clearance from the relevant authority for the running of my/our cable television network
	(vi)	I/We shall abide by any directions issued by the Central Government in respect of the running of a cable television network within India.
		Signature of Applicant
		(Individual/firm/Company/association of persons/body of individuals)
		Name:
		Address:
Place	:	

Date :

^{*} Score out the word / words which are not applicable.

F O R M – 3 (See Rule – 5)

Government of India Head Post office

REGISTRATION CERTIFICATE NUMBER

Shri/Shrimati/M/s		resident
of is	registered as a cable	le operator (individual, firm, company,
association of persons or body of Individu	als) for running a cat	ble television network at the following
addresss		in the city/town of
	fo	for a period of twelve months with effect
from	His registration Νι	umber is
 This Certificate is only valid for the This Registration Certificate is not The certificate shall remain valid cable service or where the surrender of the certificate 	transferable. for the period indicate	ed above or till the holder carries on the
		Head Post Master Head Post office
-1		(Town/City)
Place:		
Date:		

TO BE DISPLAYED PROMINENTLY ON THE PREMISES OF THE CABLE OPERATOR

* Tick whichever is appropriate.

F O R M – 3 (See Rule – 5)

Government of India Head Post office

REGISTRATION CERTIFICATE NUMBER

Shri/Sh	rimati/M/s resident
of	is registered as a cable operator (individual, firm, company,
associa	ition of persons or body of Individuals) for running a cable television network at the following
addres	ss in the city/town of
	for a period of twelve months with effect
from_	His registration Number is
	 •
cable s	 This Certificate is only valid for the premises stated above. This Registration Certificate is not transferable. The certificate shall remain valid for the period indicated above or till the holder carries on the ervice or where the surrender of the certificate is accepted by the competent authority.
	Head Post Master Head Post office
Disease	(Town/City)
Place:	
Date:	

TO BE DISPLAYED PROMINENTLY ON THE PREMISES OF THE CABLE OPERATOR

* Tick whichever is appropriate.