

जामुजा

FORM 1  
(See rule 3(1))  
(To be submitted in duplicate)  
FORM OF APPLICATION FOR REGISTRATION AS A CABLE OPERATOR

To,

The Head Postmaster,  
Head Post Office, Yavatmal

|        |  |                                       |                                     |
|--------|--|---------------------------------------|-------------------------------------|
| 1.(a)  | Name of Applicant (Individual/firm/company/association of person/body of individuals)          | नांव                                  | याकरिता ओळख पत्राची छायाप्रत जोडावी |
| (b)    | Age/Date of Establishment/Date of incorporation)   | वय                                    |                                     |
| 2. (a) | Address (Office)   | पत्ता                                 | रहिवाशी दाखला जोडावा                |
| (b)    | Telephone Number(if any)   | दूरध्वनी/मो. क्र.                     |                                     |
| 3. (a) | Nationality (for individual Applicants/body of individuals)                                    | आरंभीय                                |                                     |
| (b)    | By bith/domicile   |                                       |                                     |
| 4. (a) | Amount of fee paid for registraiton/Renewal/issue of duplicate certificate                     | Rs.500/- deposited in HPO Yavatmal on |                                     |
| (b)    | Name of Head Post Office (Attach copy of challan vide which the fees have been depositd)       | Yavatmal                              | पावतीची छाया प्रत जोडावी            |
| 5..    | Area in which cable television network is working/proposed to be set up .....                  | जामुजा, वाडी, सोमनाथ येथे नांव        | नकाशा जोडावा                        |
| 6..    | Date from which the cable television Network is operating/proposed to be set up ...            | कोणते सातवें पुस्तक कोणते क्र. येथे   | प्रतिज्ञापत्राची छायाप्रत जोडावी    |
| 7..    | Number of channels being provided/ Proposed to be provided (with names)                        | यादी चॅनाल्सची मादी                   | यादी सोबत जोडावी                    |
| 8. (a) | Whether using Television Rceive Only(TVRO)   | Yes/No                                |                                     |
| (b)    | If yes, number and size of TVRO...   |                                       |                                     |
| (c)    | Location .....   |                                       |                                     |
| 9..    | Names of Doordarshan satelite channels included in cable service...                            |                                       | अ.क्र.७ मध्ये समाविष्ट आहे          |
| 10..   | Declaration in Form 2 enclosed (To be filled in for registration/Renewal of registration only) | स्वीकारले जाईल                        |                                     |

I/We ..... the applicant(s) (Individual/firm/company/association of persons/body of individual(s) do hereby declare that the above facts are correct in all respects.

Signature of Applicant  
(Individual/firm/company/association of Persons/body of individuals)

Place

Name \_\_\_\_\_

Date

Address \_\_\_\_\_