

BHARAT SANCHAR NIGAM LIMITED
APPLICATION FORM FOR INTERNET ACCESS SERVICES

Application No: _____

To:
PGM/GM/TDM

.....Telecom District.

I/We wish to enroll myself/ourselves as subscriber of DOT Internet Access Service. The necessary Particulars are as follows:

1. Name of the

Applicant _____

(Person/Organization)

2. Address where the connection is required _____

Telephone No :

Fax No :

3. Contact Name :

Telephone No :

Fax No :

4. Billing Address

Signature of Applicant

USER NAME:

(6 To8 characters)(*Pl. write in capital letters*)

PASSWORD:

(6 To8 characters)(*Pl. write in capital letters*)

(Please enter your username as you desire at login time)

This **password** is required for opening the connection.

The subscriber should change the **Password** on is own immediately.

INTERNET REFERENCE CARD

Regn No: _____

Account

Type:TCP/IP/Shell/leased

Name of the person/organization:_____

Contact Name & Telephone No:_____

Date of provision:_____

User Name:_____

Password:_____

Address where the connection is required :_____

_____ Telephone

No:_____

Amount paid:_____

Demand Draft No:_____

Signature of applicant

| S.No | Date | Date of Renewal | Amount Paid | Password | Remarks |
|------|------|-----------------|-------------|----------|---------|
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