

BHARAT SANCHAR NIGAM LIMITED
CALCUTTA TELEPHONES
APPLICATION FOR NEW REGISTRATION/RENEWAL
for MPLS-VPN circuits (NIB)
 (Use one Application Form per subscription)



BHARAT SANCHAR NIGAM LTD.

Form No. DN/VPN/01_03

For Office Use only
VPN ID Alloted

I/We wish to subscribe for MPLS-VPN circuits, necessary particulars as given below :

1. Name														
2. Address														
City														
State														
PIN Code														
3. Contact Telephone No.														
4. Fax No.														
5. Contact E-mail ID (if any)														

6. Status of the Applicant (please tick relevant items)

a) Limited Co.	<input type="checkbox"/>	e) Public Sector Undertaking	<input type="checkbox"/>
b) Government	<input type="checkbox"/>	f) Public Institution	<input type="checkbox"/>
c) Statutory Body	<input type="checkbox"/>	g) Society Trust	<input type="checkbox"/>
d) Others	<input type="checkbox"/>		

7. Technical Information

a) Name of City																		
b) Bandwidth Required											Kbps					Mbps		
c) Type & make of modem (if subscriber owned)																		
Please Tick whichever Applicable below:																		
d) Class of Service :		Gold	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Bronze	<input type="checkbox"/>											
e) Encapsulation Type:	PPP	<input type="checkbox"/>	HDLC	<input type="checkbox"/>	FR	<input type="checkbox"/>	Ethernet	<input type="checkbox"/>										
f) Type of circuit:		2-wire	<input type="checkbox"/>			4-wire	<input type="checkbox"/>											
g) Details of Customer Edge Router(Model no.& Make)																		
h) ISDN Dial back up											Yes	<input type="checkbox"/>					No	<input type="checkbox"/>
i) Any other information:																		
j) Type of VPN required: (Attach Network Topology Diagram)											L2VPN	<input type="checkbox"/>					L3VPN	<input type="checkbox"/>

k) In case of L3VPN, following additional information is to be furnished:

L3VPN Details		
LAN I.P Address	Subnet Mask	Routing Protocols (Static/Dynamic)

(Kindly furnish the above information for all the places where VPN is desired, in separate Annexure)

8.I/We desire to have General Manager(CR),CTD as the controlling and billing authority.

9. Correspondence Address & Name of the contact person:

a) Name														
b) Address														
City														
State														
PIN Code														
c) Contact Telephone No.														
d) Fax No.														
e) Contact E-mail ID (if any)														

10. Billing Address
 City
 State
 PIN Code

11. Any other relevant information the applicant wants to state.

12. List of circuits already working in India for our organization(Complete details of local/long distance circuits to be furnished.)

A End	B END	Cct. No./Regn. NO.	Billing & Enrolling Authority at A End/ B End and Telecom Unit-Spcify.	
			A End	B End

(Please attach a separate sheet if space is not sufficient)

13. Declaration

1. I/we hereby agree to abide by the provisions of Indian Telegraph Rules in force and as modified from time to time and such other terms and conditions prescribed by the telegraph Authority/BSNL. I/We agree that the circuit will be used purely for private/permitted application. It will not be used to carry voice/data or any other communication, which is not permitted by the rules of Telegraph Authority/BSNL. I/We further agree to extend facility to the Telegraph authority/BSNL in order to enable monitoring of the purpose, performance and operation of the circuit, as and when required.
2. I/We agree that necessary charges for registration/installation/Advance annual rental/Arrears if any will be paid to the controlling/billing authority. BSNL, Calcutta Telephones as and when we receive demand note. As and when such charges become due.
3. I/We agree that i/We shall pay the cancellation charges and other expenses incurred to establish the circuit as requested by me/us that may become payable, in the event of cancellation of the application/closure of the circuit at a later date.
4. I/we Agree to use the leased VPN circuit for the minimum period of hire as specified by the BSNL.
5. I/We declare that the information filled up by me/us in the form are correct and no information has been withheld. If the information is found incorrect subsequently, BSNL will have the right to take any action deemed fit including denial/termination of service.

Place: -----

Date : -----

(Signature, Name & Address of the Applicant)

14. Important instructions for filling up of the form:-

The form may be filled up in Capital letter only
 In the absence of PAN/GIR number, declaration in form 60/61 may be furnished in the enclosed proforma.
 In case of sole proprietary concern, proprietor may sign himself and affix rubber stamp.
 In case of partnership concern all partners or any one of the partners duly authorized or Person with the Power of Attorney may sign. In case of company, signature should be of a person on behalf of a Company in accordance with the provisions of its Articles of Association. In case of Partnership concerns, copy of (i) power of Attorney for authorization & (ii) Partnership Deed, and incase of Limited Company, a copy of the Articles of Association may be attached.
 In case of Government Department, Authorized person may sign and affix rubber stamp.

15. Please mention list of enclosures:

16.*GSTIN/UID No.

17.*TAN No.

For Official use

1. Demand Note No. _____ Date _____

2. Amount Rs _____

3. Mode of Payment : _____ Cash/ Cheque
(Cheque No _____ Date _____)

4. VPN ID Allotted. _____

5. Date of Commissioning _____

6. Frequency of payment (yearly/quarterly) _____

**BHARAT SANCHAR NIGAM LIMITED
CALCUTTA TELEPHONES
ACKNOWLEDGEMENT SLIP**

Received application form for New/Renewal of VPN Service from the subscriber with the details given below:

1) Name:

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2) Bandwith Required:

	Kbps	Mbps	
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3) Class of Service : Gold Silver Bronze

4. Number of cities where Services are required:

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Date:

Signature of the Receiving Officer