

**APPLICATION FORM FOR ACCESS TO DEN ADN's NETWORK**

1. Name of the broadcaster:
2. The names of CEO/MD of the broadcaster:
3. Registered Office address:
4. Address for communication:
5. Name of the contact person/ Authorized Representative:
6. Telephone:
7. Email address:
8. Name of channel for which request for distribution has been made:
9. Copy of permission letter issued by the ministry of information and broadcasting for downlinking of the channels mentioned above in India:
10. Nature of channel (pay or free- to- air):
11. Genre of channel:
12. Language(s) of channel:
13. Downlinking parameters of the channel:
  - a. Name of satellite:
  - b. Orbital location:
  - c. Polarisation:
  - d. Downlinking frequency:
14. Modulation/coding and compression standard of channel:
15. Encryption of channel: encrypted/unencrypted

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(Signature)

Date and Place:

**DECLARATION**

I, \_\_\_\_\_ S/ o, D/o \_\_\_\_\_, \_\_\_\_\_ (Authorized Signatory), of \_\_\_\_\_ (Name of the broadcaster), do hereby declare that the details provided above are true and correct.

\_\_\_\_\_

(Signature)

Date and Place: