

MAHANAGAR TELEPHONE NIGAM LIMITED, DELHI

Application for IN Services

For Office Use Only **Free of Cost**

Application No. **IN**

Date of issue _____

C.A. NO. _____

Telephone Exchange _____

Note: Please read instructions before filling application form

1. Name of Applicant

Surname First Name Second Name

Please leave one column blank between Surname, First Name and Second Name

2. Name of father/husband/guardian

Surname First Name Second Name

Please leave one column blank between Surname, First Name and Second Name

3. Purpose of use

1. Residential ---- 2. Business ---- 3. Government ----

4. Status of applicant _____

(See Instruction)

5. Payment particulars Amount Rs. _____ Mode of payment (Pay Order/DD) _____

6. Pay Order/DD No.----- Dated -----

Date Month Year

Bank & Branch _____

7. Address for correspondence

House/Flat no. Floor No. Building/Apartment Plot No.

Street/Road/Lane Locality/Village/District

City PIN

8. Contact Telephone Number (if any) -----

Contact Fax Number (if any) -----

Nearest Telephone No. -----

9. Is there any telephone working in the name of the applicant anywhere in the country(Yes/No)

If Yes

Telephone Number -----

Address _____

10. Billing address:

House/Flat no. Floor No. Building/Apartment Plot No.

Street/Road/Lane Locality/Village/District

City PIN

11. If the applicant is a Partnership Firm or Hindu Undivided Family (HUF), please furnish the following

Name of the Karta of HUF _____

Name in full of members of HUF/Partnership Firm Father's Name Relation to Karta

12. Nominee

Name _____

Address _____

Relation to applicant _____

FACILITIES REQUIRED ON

FREE PHONE SERVICE (FPH)/PREMIUM RATE SERVICE (PRM)

(please read information on page 6 carefully before filling up the following entries)

13. EXISTING NUMBER & ADDRESS ON WHICH FPH/PRM Telephone No.

IS REQUIRED (In case on which FPH, charging will also be done on this number)

Address on which **IN** Service is required

House/Flat no. Floor No. Building/Apartment Plot No.

Street/Road/Lane Locality/Village/District

City PIN

14. TIME DEPENDENT ROUTING INFORMATION (See item 19 on page 5)

Phone No Address Time Slot

(i) From -----hrs. TO -----hrs.

(ii) From -----hrs. TO -----hrs.

15. ORIGIN DEPENDENT ROUTING INFORMATION (See item 20 on page 5)

Phone No. Address

(i)

(ii)

(iii)

(iv)

16. CALL FORWARDING INFORMATION (See item 21 on page 5)

Phone No. Address When

(i) Busy

(ii) No Reply

OTHER DETAILS

17. ADDITIONAL DETAIL BILLS WHETHER REQUIRED (See item 17 on page 5)

YES ----- NO -----

18. PERIOD OF HIRE (See item 18 on page 5)

I/We agree to abide by the provision of Indian Telegraph Rules in force and as also such amendments as may be made from time to time to these rules, in so far as they relate to this **IN** connection now or at a later date.

I further confirm that all the telephone numbers are given in the form above for FPH/PRM service belong to me/us. Any dispute arising out to these numbers, responsibility shall rest on me/us.

Date: (Signature) _____

Place: (Name in Block letters) _____

Stamp _____

SPECIMEN SIGNATURES SHEET

APPLICATION FORM NO. _____ **SPECIMEN SIGNATURE-1**

Regn. No. _____ Date _____

Name of the Applicant (In Block Capital Letters)

_____ (Stamp)

APPLICATION FORM NO. _____ **SPECIMEN SIGNATURE-1**

Regn. No. _____ Date _____

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_____ (Stamp)

APPLICATION FORM NO. _____ **SPECIMEN SIGNATURE-1**

Regn. No. _____ Date _____

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_____ (Stamp)

