

**Application form for request of signals of channels of Discovery  
Communications India**

1. Name of the Distributor of television channels: \_\_\_\_\_
2. The names of Owners/Directors/Partners of the Distributor: \_\_\_\_\_
3. Registered Office address: \_\_\_\_\_
4. Correspondence address: \_\_\_\_\_
5. Name of the contact person/ Authorized Representative:  
\_\_\_\_\_
6. Telephone / Mobile: \_\_\_\_\_
7. Email address: \_\_\_\_\_
8. Certificate of Registration/ Permission/ License Number: \_\_\_\_\_ (Copy to be attached)
9. Head-end/Earth Station Address: \_\_\_\_\_
10. Attach details pertaining to Conditional Access Systems (CAS) and Subscriber Management Systems (SMS) deployed by the Distributor to be attached, separately for each Head-end/Earth Station, along with this Application Form.
11. Details of the areas, corresponding States/ UTs and details of the Head-end from which the signals of television channels shall be distributed in such areas: **As per the details provided in Annexure A**
12. Area wise present subscriber base of the Distributor: **As per the details provided in Annexure B**
13. List of channels and bouquets for which signals of television channels are requested: **As per the details provided in Annexure C**
14. Goods and Service Tax registration number: \_\_\_\_\_
15. Entertainment Tax Number: \_\_\_\_\_
16. PAN No. (Attach a copy): \_\_\_\_\_
17. Copy of the report of the Auditor in compliance of the Schedule III of the Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable System) Regulations 2017 to be attached

\_\_\_\_\_  
(Stamp & Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date and Place: \_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ s/o, d/o \_\_\_\_\_ (Owner / Proprietor / Partner / Director / Authorized Signatory), of \_\_\_\_\_ (Name of Distributor of television channels), do hereby declare that the details provided above are true and correct. I state that the addressable systems installed for distribution of television channels meet the technical and other requirements specified in the Schedule III of the Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable System) Regulations 2017. The configuration and the version of the addressable system have not been changed after issuance of the report by the Auditor.

\_\_\_\_\_  
(Stamp & Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date and Place: \_\_\_\_\_

**ANNEXURE A**

**Details of the areas (city / town / village), corresponding State / Union Territory and details of the Head-end from which the signals of television channels shall be distributed in such areas**

<b>Sr. No</b>	<b>Area(s) (City / Town / Village /) where the DPO is desirous of retransmitting the signals of the channels</b>	<b>Corresponding State/Union Territory</b>	<b>Head-end from which the signals of Channels shall be retransmitted in such Area(s) by the DPO</b>

**ANNEXURE B**

**Area wise present subscriber base of the Distributor**

<b>Sr. No</b>	<b>Area(s) (City / Town / Village)</b>	<b>Corresponding State / Union Territory</b>	<b>Present (SD) Subscriber Base of the DPO</b>	<b>Present (HD) Subscriber Base of the DPO</b>

**ANNEXURE C**

**I. List of Channels offered of A-la-Carte basis for which signals are requested**

We are desirous of availing the signals of the following Channels are marked as yes in the table below on A-la-Carte basis:

<b>S. No.</b>	<b>Name of Channel</b>	<b>Want to avail signal of the Channel (Yes / No)</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

## **II. List of Bouquets of Channels**

We are desirous of availing the following Bouquet of Channels marked as yes in the table below:

<b>Sr. No.</b>	<b>Bouquet Name</b>	<b>Want to Avail the Bouquet (Yes / No)</b>
1		
2		
3		
4		
5		
6		
7		