

GOVERNMENT OF INDIA  
MINISTRY OF COMMUNICATION AND IT  
DEPARTMENT OF TELECOMMUNICATIONS  
20, ASHOKA ROAD, SANCHAR BHAWAN  
NEW DELHI-110001

5-3/TA-II/2011-12 / 31757 : dated 16-11-12  
3204

Subject:- Inclusion of information in 'State of work report'

Kindly find enclosed format of Part-III for inclusion in the State of Work report. All the heads of CCA offices are requested to submit the Part -III report quarterly along with the Part-II report.

It is also requested that all the columns of the format may be filled in with the required information, and if there is no information, then 'NIL' should be clearly indicated in the related column.

Under Part-II quarterly report in Para I(C) dealing with Revenue Analysis the L.F. figure should indicate LI+UAI and care may be taken to show the figure booked in the monthly accounts (COMPACT). If there is difference between LF software and COMPACT the same may be indicated.

Under Spectrum fees the amount should only include GSM+CDMA Charges.

The due date for submission of the SWR to HQs will remain the same viz 12<sup>th</sup> of the month following the month of report.

(D.Sai Amutha Devi)

Director (A/Cs I)

Ph-23036511

To,

1. All Heads of CCA offices
2. Director(OL), DOT with a request to supply the Hindi version of this letter at the earliest possible
3. Director(IT) with a request to put the above letter in the DOT website.
4. PS to Member (F)
- 5 PS to Advisor (F)
6. Guard file

Recd. today  
20/11/12

12566/2012/DIR(IT)

H.L.  
23/11/12

DIR(IT)

## SWR FORMAT

### Part-III- Penalty Collections

#### I CAF Verifications

1	2	3	4	5	6	7	8	9
Sl No.	Name of Operator	No. of D.N. issued in the qtr.	Total amount of penalty raised	Amount received	Amount outstanding	No. of D.N. under dispute/not paid	Total old outstanding amount w.r.t. (7)	Remarks

#### II EMR Verification (Electro Magnetic Radiation)

1	2	3	4	5	6	7	8	9
Sl No.	Name of Operator	No. of D.N. issued in the qtr.	Total amount of penalty raised	Amount received	Amount outstanding	No. of D.N. under dispute/not paid	Total old outstanding amount w.r.t. (7)	Remarks

### CERTIFICATE

Certified that the information furnished in the report are correct to the best of my knowledge and belief.

PrCCA / CCA