### APPLICATION FOR LICENCE TO ESTABLISH, MAINTAIN AND WORK WIRELESS TELEPHONE STATION IN INDIA FOR NON-COMMERCIAL PURPOSE IN CITIZEN BAND IN RURAL AREAS

| 1.       | Name of applicant in full (in block letters)       | :        |                           |                 |
|----------|--|----------|---------------------------|-----------------|
| 2.       | Address of applicant                               | :        |                           |                 |
| 3.       | Areas over which the walkie-talkies are to be used | :        |                           |                 |
| 4.       | Purpose for which walkie-talkies are to be used:   |          |                           |                 |
| 5.       | Nearest DoT Telephone Exchange                     | :        |                           |                 |
| 6.       | Details of Bank Draft                              | :        |                           |                 |
| 7.       | Equipment details                                  |          |                           |                 |
| Ma<br>Na | nufacturer's Type/Model Quantity<br>me             | Emission | Frequency of<br>Operation | Power<br>Output |

## DECLARATION

I, solemnly, declare and say that the foregoing facts are true and correct and nothing is false therein and no material has been concealed there from. I also agree that in case any information given by me herein before is found false at a later date, the licence, if granted, will be cancelled.

Place : Date :

# Signature of Applicant Name/Designation

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#### PERSONAL PARTICULARS OF APPLICANT

| 1. | Name in full (in block letters)  | : |
|----|--|---|
| 2. | Father's/Husband's name  |   |
| 3. | Full postal address :  |   |
| 4. | Occupation/Profession  | : |
| 5. | Date of birth  | : |
| 6. | Place of birth, district, state in which situated  | : |
| 7. | Nationality  | : |
| 8. | If not an Indian National, indicate<br>i) Passport Number<br>ii) Place of issue<br>iii) Validity of Visa | : |

# iv) Home Address

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