MONTHLY OPERATION REPORT FROM DTH OPERATOR **(i)** MONTH_____YEAR_____

(ii)NAME OF THE DTH OPERATOR:_____

(iv)ADDRESS OF TELEPORT:

(v) MIB LICENSE No. Date of Issue Date of Expiry

(vi) WPC LICENSE No. Date of Issue Date of Expiry

Name_of_the_Satellite & Transponder No.	Space Segment Band Width in MHz	Frequency Range (From—To MHz)	Antenna Size & Uplink/ Downlink Polarization	Type of Carrier (MCPC/SCPC)	Number of Channels Working	Name_of_the_Channel, Start----Stop Frequency, Data Rate(Kbps/Mbps)	Date from Operational/ Deoperational	Type of Technology			Remarks……
								DVBS/ DVBS2	MPEG2/ MPEG4	SD/ HD/ 3D	

Signature of Authorized Signatory
Name
Mobile No.
Telephone (Office)
Email-ID

NOTE:

1. Enclose a separate Sheet if space is insufficient
2. Monthly Operation Report is to be submitted to NOCC before 7th day of preceding month.