OFFICIAL LETTER HEAD

DDG (NOCC) Network Operation Control Centre Department of Telecommunication Room No 212-214, Second Floor, Eastern Court, Janpath, New Delhi – 110 001.

Sub: Monthly Operations Report of VSAT < Month and year>.

We are forwarding herewith Monthly Operations Report for our VSAT Services on the prescribed format along with the details of VSATs installed & removed during the month ______ of year _____.

SI.No.	Commercial / Captive License No.	< > Band Installed during Month	< > Band Installed during Month	Cumulative total as on <date></date>	Remarks
	Grand Total				

<Signatures in ink> Authorised Signatory

CC: DDG (DS)

Encl. As above.

- PS: 1. All enclosures are signed in ink with official stamp.
 - 2. Seperate annexures for seperate satellites should be provided

Monthly Operations Report – <Month and year>

- 1. Reporting Month
- 2. Name of the network
- 3. Frequency, transpnder and satellite:
- 4. Name of the Hub Station :
- 5. Number of VSAT's in Operation at the end of last month :

:

:

6. Number of VSAT's in Operation at the end of the month reported :

Antenna Size	* Added during the month	* Withdrawn during the month	Progressive total	

7. Power transmitted from Hub:

- 8. Hub U/L EIRP:
- 9. For Star (TDM/TDMA) N/w's :

Out Bound Carriers			In Bound Carriers			
Date rate (kbps)	Uplink RF Frequency (Mhz)	Satellite Power (dbw)	Date rate (kbps)	No. of I/B Carriers	Uplink RF Frequency (MHz)	Satellite Power (dbw) per carrier
	1		l	I		1

Number of PAMA/DAMA Carriers							
	Date rates (kbps)	No .Of Carriers ()	Satellite Power (dbw) Po				
	Dute futes (KSp3)	<satellite></satellite>	carrier				
Р							
А							
М							
А							
D							
А							
М							
А							

10. Any alteration/ addition in the configuration of hub station/VSAT (in detail):

:

11. Special features if any

Signature Authorised Signatory

DETAILS OF THE CONTACT PERSON AT THE HUB STATION (ROUND THE CLOCK)

1. Name of the Person:

2. Telephone No. Office/Residence: Off: - ---- Res: - -----

Fax No.: _____

3. Postal Address: -----

4. Name of the contact person with Tel. Nos. & Fax Nos. in case of Non availability of the designated person who is responsible to implement the directive of NOCC

Mr.

Telephone No. Office/ Residence: Fax No:

DETAILS OF THE CONTACT PERSON AT THE HUB STATION (ROUND THE CLOCK)

1. Name of the person:

After office hours – 2. Telephone No. Office / Residence : Off : Res. No. : Mr. – Mr. –

Fax No:

3. Postal Address:

4. Name of the person with Tel. Nos. & FAX Nos. In case of Non availability of the designated person who is responsible to implement the directives of NOCC: Mr.,

Tel No. Office/Residence:

Fax No.