

**WPC APPLICATION FORM FOR TV CHANNEL ENDORSEMENT (New/Shifting)/NAME CHANGE/DELETION/MODE CHANGE.**

*(To be submitted by the licensed teleport representative only. If any column is not applicable, write clearly so)*

1. Name of the teleport operator :
2. WPC operating license number of the teleport :
3. Validity of the WPC teleport license :
4. Location of the teleport. :
5. Total data rate assigned to the teleport as per the license :
6. TV channel particulars uplinked as of now:
  - (i) Number of SD channels uplinked in MPEG-2 format :
  - (ii) Number of SD channels uplinked in MPEG-4 format. :
  - (iii) Number of HD channels uplinked in MPEG-2 format :
  - (iv) Number of HD channels uplinked in MPEG-4 format :

*(Attach a list of the TV channels currently uplinked from the teleport as per the latest channel endorsement letter- **Encl -I**)*

7. Addition/Shifting: Name of the new TV channel. :
8. Deletion: Name of the TV channel to be deleted. :
9. Renaming:
  - (i) Old Name of the TV channel to be renamed :
  - (ii) New name of the TV channel. :
10. Change of mode:
  - (i) Name of the TV channel for change from SD to HD mode :
  - (ii) Name of the TV channel for change from HD to SD mode :
11. Shifting: Name of the old teleport licensee :
12. Relevant permission of Ministry of I & B enclosed.(YES/NO) : **(Encl-II)**
13. Request from the channel owner is enclosed.(YES/NO) : **(Encl-III)**
14. The last date prescribed by Ministry of I & B for operationalisation of the TV channel :

- (i) It is certified that the information provided above is true to the best of my knowledge.
- (ii) It is certified that I have read and understood the office memorandum No. J-19045/15/2012-SAT dated 1<sup>st</sup> August, 2012 (reg. channel endorsement) and has brought it to the notice of TV channel owner.
- (iii) It is certified that I shall maintain the quality of the TV channel as per the norms of Ministry of I & B.

Dated:  
Place:  
Tel & Fax:

**Signature of the applicant**  
**Name**  
**Designation**