

MONTHLY OPERATION REPORT FROM DSNG/SNG OPERATOR

For the Month :

Sr. No.	Name of the Organization	MIB Letter No. & Date of Issue and Expiry	WPC License No. & Date of Issue and Expiry	NOCC FPA Letter No. & Date	NOCC MPVT/Validation Letter No. & Date	NOCC Uplinking Permission No. & Date	Name of the Satellite	Transponder No.	Space Segment Bandwidth	Frequency Range (Start-Stop) MHz	Antenna Size	Polarization	Type of Carrier (MCPC/SCPC)	Name of News Channel for which News Gathering/Program Collected	DSNG Van Registration No. (Otherwise mention Static/Flyway/Fixed etc. as applicable)	DSNG Van Status (Owned/Given on Rent/Taken on rent)	Given on Rent to whom/Taken on rent from whom (write NA if not applicable)	Remarks (if any)

Signature of Authorized signatory

Name:

Mobile No:

Telephone No.(off):

Email: