MONTHLY OPERATION REPORT FROM BROADCASTER/TELEPORT OPERATOR

(ii)NAME OF	THE BROADCASTER/TEI	EPORT OPE	RATOR:					_(iii)TYPE OF SETUP(CAPTI	VE/COMMERCIAL
(iv)ADDRESS	OF TELEPORT:								
(v) MIB LICEN	ISE No.		Date of Issue				Date of Expiry		
(vi) WPC LICE	NSE No.		Date	of Issue			Date of Expiry		
Name_of_th	Space Segment Band	Frequency	Uplink/	Type of	Number	Name_of_th	Date from Operational/	Type of Technology	R

(vi) WPC LICE	NSE No.		Date	of Issue		Date of Expiry				
Name_of_th e_Satellite & Transponder No.	Space Segment Band Width in MHz	ace Segment Band Frequency Uplink/ Typ dth Range Downlink Car	Type of Carrier (MCPC/SCPC)	Type of Number Carrier of	 Date from Operational/ Deoperational	/ Type of Technology R e m a a r k s		e m a r k		
							DVBS/ DVBS2	MPEG2/ MPEG4	SD/ HD/ 3D	
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NOTE:

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

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