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भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

No. GM (S&M-CM) / NEW CAF /T-350 /2012-13/ 12 dt 02.11.2012
To

All Heads of SSAs,
Tamil Nadu Circle.

Sub: **Instructions on verification of New Mobile Subscriber - Reg**

Ref: 1) Assitant.Dir.Genl Ir no: 800-09/20010-VAS dted 9th August 2012.
2) MOB- 27 / CAF – 2012 /99 Dated 30th October, 2012

Kindly refer the letter cited under ref(1) vide which the instructions of DOT guide lines for CAF has been communicated.

In this regard, the NEW CAF Application form for Prepaid & Postpaid Mobile connections to be used from **9.11.2012** as communicated by corporate office vide ref(2) is enclosed herewith.

As per section 2(i) of corporate office Ir no MOB- 27 / CAF – 2012 / Dated 16th October, 2012 a unique CAF number should be assigned for every CAF which will be of 10 alpha numeric characters. The first two characters will be 'TN' for TN circle. The next two characters will be for the SSA. The SSAwise unique CAF number is enclosed.

The following points are to be considered before printing New CAF.

1. Unique CAF number is to be printed in the NEW CAF as per the enclosure.


The number is to be printed in the top as well as in the subscriber receipt in the location allocated for 'CAF serial number'.

2. Kindly add the following point as **No.6.2 of terms and conditions.**

'If a prepaid number unattached to the network for more than 90 days, the number is liable for disconnection'.

The record regarding the issue of New CAF from warehouse to CSC/ Channel Partners are to be accounted properly and running serial numbers has to be allotted. As the CAF number is unique, utmost care should be taken to avoid the repetition of the numbers.

SSA may take necessary action to print required number of New CAF forms and these forms are to be used from 9.11.2012.


Deputy General Manager (Sales-CM),
Tamil Nadu circle, Chennai.

Unique CAF number

SL NO	SSA	Unique CAF number (10 digit)
1	COIMBATORE	TN01AXXXXX to TN01ZXXXXX
2	CUDDALORE	TN02AXXXXX to TN02ZXXXXX
3	DHARMAPURI	TN03AXXXXX to TN03ZXXXXX
4	ERODE	TN04AXXXXX to TN04ZXXXXX
5	KARAIKUDI	TN05AXXXXX to TN05ZXXXXX
6	KUMBAKONAM	TN06AXXXXX to TN06ZXXXXX
7	MADURAI	TN07AXXXXX to TN07ZXXXXX
8	NAGERCOIL	TN08AXXXXX to TN08ZXXXXX
9	COONOR	TN09AXXXXX to TN09ZXXXXX
10	PONDICHERRY	TN10AXXXXX to TN10ZXXXXX
11	SALEM	TN11AXXXXX to TN11ZXXXXX
12	THANJAVUR	TN12AXXXXX to TN12AXXXXX
13	TIRUNELVELI	TN13AXXXXX to TN13ZXXXXX
14	TRICHY	TN14AXXXXX to TN14ZXXXXX
15	TUTICORIN	TN15AXXXXX to TN15ZXXXXX
16	VELLORE	TN16AXXXXX to TN16ZXXXXX
17	VIRUDHUNAGAR	TN17AXXXXX to TN17ZXXXXX



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APPLICATION FORM FOR NEW MOBILE CONNECTION

Affix self signed passport size photograph

CAF / Ware house Serial Number

Mobile Number

SSA _____ Type of Connection (tick appropriate box) * Pre-paid Post-Paid

1. Name of the Subscriber/Organisation * (As given in Proof of identity document attached with application):

2. Name of Father/Husband/Authorised person * (As given in Proof of identity document attached with application):

3. Gender * :- Male Female 4. Date of Birth* (DD/MM/YYYY)-

5. Complete Local residential Address*/ Subscription Address* (As given in proof of Address document attached with application):

House No/Flat No* Street Address/Village*

Locality / Tehsil * City/District* State/UT*

Pin Code* :-

6. Complete permanent residential Address of subscriber:

House No/Flat No Street Address/Village

Locality / Tehsil City/District State/UT

Pin Code :-

7. Bill to be sent to (please tick) 5 or 6 or any other address

8. Status of Subscriber* :- Individual Bulk Corporate Foreigner Outstation

Tick appropriate box Government PSU BSNL Employee Test SIM Others

9. Nationality * 10. E-mail address (if any) @

11. Photo ID Proof document type* (Driving License/voter ID Card/Passport/PAN card/Adhaar/other specify):

Document No.* Date of Issue* Place of Issue* Issuing Authority *

12. Address proof document type* (Driving License/Voter ID card/Passport/Adhaar/Other (specify) :

Document No.* Date of Issue* Place of Issue* Issuing Authority*

13. Number of Mobile connections held in name of Applicant (Operator-wise) :-

Name of operator	Numbers held	Name of operator	Numbers held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Services/Facilities required:- 3G Call transfer STD ISD GPRS/MMS National Roaming

Tick appropriate box International Roaming Navigation Itemized Billing Others (please specify)

15. Tariff Plan Applied* (Please see tariff card) 16. Value Added Service Applied (if any)

17. Tariff Plan Opted for GPRS/MMS (Please see tariff card)

18. Alternate Contact numbers, if any; Home: Business Mobile

19. Profession of Subscriber: 20. PAN/GIR/UID Number:

21. Details of Local reference* (if Applicable in case of outstation customer): Name Address Phone number

22. To be filled in cases of Mobile Number Portability (Separate form for MNP is also to be filled) :- (A) UPC (B) Previous Service Provider Details: (C) Mobile No. to be ported in



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23. To be filled in case of Post-paid connection:- (Tick appropriate box)

(A) Form of payment Cash Cheque Credit card Debit card Bank Draft

(B) If payment made by cash/cheque/credit card/debit card:- (a) Bank A/c No. _____
(b) Bank Name _____ (c) Branch Name & Address _____

(C) Credit limit opted Rs _____ (D) Amount of Payment Made : _____

I/We hereby declare that information given above is true to the best of my knowledge. I/We will abide by the prevailing Telegraph Act/Rules framed there under and tariffs as amended from time to time. I/We am/are not a defaulter on account of non-payment of bills for any telecom services provided by any service provider. I/We have read and understood the terms and conditions for cellular services and accept them as binding on me/us. I/We have understood all rates, charges and related terms and conditions at which telecom services are provided by BSNL as applicable on this date and as amended from time to time. I/We confirm that the information / particulars supplied by me/us is correct in all respects. I/We declare that in case of roaming abroad my usage amount will not exceed the limit prescribed by FEMA regulation. I/We understand that the connection/SIM is non transferable. Any misuse of connection/SIM by customer or any other person is illegal and liable for criminal action.

Date*:- _____

Signature of Customer*/Authorised Signatory*

(For Office Use Only)

Fields to be filled by Service provider/Authorised representative at Point of Sale

24. IMSI No./SIM Card No _____ 25. Mobile number attached* _____

26. Category: Urban Rural

27. Point of sale code* :- _____ 28. Point of sale agent name* :- _____

29. Complete Address of Point of Sale* :-

House No/Flat No _____ Street Address/Village _____

Locality / Tehsil _____ City / District _____ State/UT _____ Pin Code _____

30. (a) Declaration by POS* :-

Certified that I have seen the subscriber and matched the photograph attached on the CAF with the subscriber and verified his copies of documents of POA and POI attached with the CAF with the original.

(b) Declaration by POS in case of outstation subscriber* :-

Certified that the local reference Shri/Smt* _____ has been contacted telephonically.

Name* _____ Stamp* _____ Signature* _____ Date* _____

31. Declaration by the franchisee / BSNL Staff

It is certified that I have checked the form as per the DOT guidelines and entered the subscriber details correctly in the BSNL Database

Name of franchisee/BSNL staff* _____ Stamp* _____ Signature* _____ Date* _____

Fields to be filled by Employee of Service Provider before SIM Activation

32. (a) Certified that all the documentary requirement has been completed and subscriber details are uploaded in the database before activation of the SIM*.

(b) Certified that the local reference (in case of outstation subscriber) Shri/Smt* _____ has been contacted telephonically*.

(c) Details of Add-on/Value Added facilities like 3G Call transfer facility ISD facility GPRS Navigation

Others (Please specify) _____

Tariff plan(s) etc. activated on the SIM Card _____

33. Initial activation done on date* _____

34. Final activation done after tele verification on date* _____

Name* _____ Designation* _____ Signature* _____ Date* _____

*Mandatory Fields - These fields are mandatory to be filled.



Subscriber Receipt



CAF Serial Number

Name of subscriber* _____ Mobile number applied for* _____

Type of POI* _____ Issuing authority* _____ Date of issue* _____ Serial Number* _____

Type of POA* _____ Issuing authority* _____ Date of issue* _____ Serial Number* _____

Received with thanks an amount of Rs. _____ by Cash/Draft/Cheque No _____ Dated _____

Issued from _____ bank _____ city.

Name of POS* _____ Stamp* _____ Signature* _____ Date* _____

Note: For activation of Sim, Please dial 1507 in 1-2 days for tele verification.