



# BHARAT SANCHAR NIGAM LIMITED

(A Govt of India Enterprise)

## APPLICATION FORM FOR NEW MOBILE CONNECTION

Affix self signed passport size photograph

CAF / Ware house Serial Number

<b>Mobile Number</b>													
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

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 \_\_\_\_\_





**BHARAT SANCHAR NIGAM LIMITED**  
(A Govt of India Enterprise)

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\*/Authorized Signatory\* \_\_\_\_\_

**( For Office Use Only )**

**Fields to be filled by Service provider/Authorized 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.**