To The (Controlling Oficer),
· · · · · · · · · · · · · · · · · · ·
munimum manag
Sub.: Application for new Residential Service Telephone Connection and/or GSM Mobile Survice
Telephone Connection.
Telephone Connection.  I have gone through the instructions contained in BSNL Corporate Office Circular No. 11/2006-
I have gone through the instructions contained in BSNL Corporate Office Circular No.  PHA (issued vide letter no. 2-3/2006-PHA dated 12.10.2006) and Punjab Telecom Circle Circular No.  PHA (issued vide letter no. 2-3/2006-PHA dated 12.10.2006) and Punjab Telecom Circle Circular No.
COML/PP-I/Rig/III/120 dated 0.11:2000 logarding in BONL
and GSM Mobile Service Connections to Officers/Officials working in BSNL.  As per these instructions, I am eligible for RSTC and/or GSM Mobile Service Telephone
Connections, with facilities given below; Land line RSTC  GSM Mobile Service Telephone Connection  GSM Mobile service Telephone Connection with Handset,
One listed DEL with STD/ISD and U GSW More and D agrange St
one unlisted DEL with STD/ISD SIN, STD/ISD,
One listed DEL will Star and GSM Mobile connection with Handset,
one unlisted DEL with STD  One listed DEL with STD  SIM, STD, National Roaming & CORREMANS
One instead DEE with 2.12
One listed DEL (STD on need GRM Mobile connection with Handset,
basis)
One listed DEL without STD GSM Mobile connection (Stri only)
<ul> <li>(Please tick the applicable items only) It is also certified that</li> <li>1. No separate telephone connection, for dial-up connectivity, is working at my residence.</li> <li>2. No other service telephone connection [Fixed Line or WLL(Fixed)] is working at my</li> </ul>
residence.
3. That I have no WLL(M) Service connection.  Or  which I will
I have WLL(M) Service connection bearing No which surrender before obtaining a GSM Mobile Service Connection.
(Please tick the applicable item)  4. I undertake to pay the charges for all MCUs/usage beyond the limit prescribed for me in
circulars referred above.
Signature
Name of the Officer/Official
Designation •
Date
· · · · · · · · · · · · · · · · · · ·
VERIFICATION  It is certified that the contents given above have been verified as per eligibility of the officer/official and are found to be correct.
Signature
Name of Controlling Officer

Signature Name of Controlling Office Designation Date