

INSAT/GSAT Capacity Request Format for Occasional Use (ICRF-OU)

1 Details of the Applicant

- a) Organization name
- b) Contact person details
- Name
- Designation
- Mobile
- Email id
- c) Address
-
- d) Telephone
- e) Fax
- f) Bank account details (for refund of the INSAT/GSAT Capacity Requirement Deposit - ICRD)
- A/c holder name
- Bank name
- Branch name & city
- A/c No.
- IFS code
- MICR code

2 Capacity Requirement for OU

| Frequency Band | Orbital Slot (mention 'Any' if no preference) | Application (VSAT / DSNG / TV / DTH / HITS) | Capacity Required (MHz) | Period of Capacity Requirement | | |
|----------------|--|--|----------------------------|--------------------------------|---------|-------------|
| | | | | From date | To date | No. of days |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 3 Are you willing to accept fragmented capacity, if offered? If yes, mention conditions, if any.

4 Technical requirements (if any)

- a) Satellite
- b) Frequency
- c) Polarization
- d) EIRP
- e) G/T
- f) In case of HTS capacity:

| Region of Interest | Forward Link Capacity (MHz) | Return Link Capacity (MHz) |
|--------------------|-----------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| <i>Total</i> | | |

5 Advance Payment Details (Please attach a proof of payment)

- a) Amount paid
- b) Date of payment

6 Company Profile (to be provided in case of new user)

Attach brief details (brochure / Memorandum of Association / Articles of Association / annual report / management structure / areas of business for which capacity is being sought etc.)

7 Declaration -

- a) We accord our consent that Department of Space can use the information provided above in public domain.
- b) We have read the document titled "Guidelines for INSAT/GSAT Capacity Reservation for Occasional Use" and we agree to and abide by the contents thereof.

Signature:

Date

Name:

Designation:

Seal:

For internal use only

| | | | |
|---|-----------|--|---------------|
| Sr. No. | | | |
| Name of the applicant | | | |
| Date of ICRF-OU receipt | | | Sign and Date |
| Accepted / Rejected (with reason for rejection) | | | |
| Priority / Non-priority (with reason for priority) | | | |
| Advance payment received | | | Sign and Date |
| Date of advance payment | | | |
| Remarks of Antrix official | | | |
| Remarks of Director, SATCOM - PO | | | Sign and Date |
| Close-out | Allotment | | Sign and Date |
| | Payment | | |