

INSAT/GSAT Capacity Request Format (ICRF)

1. Details of the Applicant:

- a. Organization name
- b. Contact person name and designation
- c. Address
- d. Telephone
- e. Mobile
- f. Fax
- g. Email id
- h. Bank account details (for refund of the ICRD)
(A/c-holder name, A/c No., RTGS & MICR Code, Bank Name, Branch Name)

2. Capacity Requirement

	Frequency Band	Orbital Slot	Application ¹	Capacity Required (MHz)	Technical Requirements ² (if any)	Date of Capacity Requirement	Period of Capacity Requirement
Existing Capacity (if any)							
Additional / New Capacity Required							

¹ VSAT, DSNG, TV, DTH, HITS etc. ² EIRP / G/T / Beam etc.

3. ICRD Payment Details - Please attach a proof of payment

4. Company Profile – brief details to be provided herein (attach brochure / Memorandum of Association / Articles of Association / annual report / management structure / areas of business for which capacity is being sought)

5. Declaration -

- a) We accord our consent that Department of Space can use the information provided above in public domain including its web site.
- b) We have read the document titled “Guidelines for INSAT/GSAT Capacity Reservation” (Release 2) and we agree to and abide by the contents thereof.

Signature:

Date

Name:

Designation:

Seal:

For Internal Use

Name of the applicant		
ICRD amount received		Sign and Date
Date and particulars of ICRD receipt		
Remarks of Antrix official		
Date of ICRF receipt (ink-signed print version)		Sign and Date
Accepted / Rejected (with reasons for rejection)		
Priority / Non-priority (with reasons for priority)		
ICRWL Number		
Sr. No. in ICRF database		
Remarks of SCNP official		Sign and Date
Close-out details		Sign and Date