

INSAT/GSAT Satellite Capacity Request Format

1) Details of the Applicant:

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

2) Capacity Requirement:

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

¹ VSAT, DSNG, TV, DTH, IFMC etc.

² EIRP / G/T / Beam etc. *In case of requirement of HTS capacity the total requirement will be split into 1:1 ratio for forward and return link. Please specify Region of Interest/ User Beam No. also.

3) Refundable Deposit Payment Details: Please attach a proof of payment

4) Company Profile: Brief details to be provided herein (Company brochure / Memorandum of Association / Articles of Association / Certificate of Incorporation/ GST certificate/ PAN/ Annual Report / Management Structure / Areas of Business for which capacity is being sought)

5) Declaration:

- a. We accord our consent that NewSpace India Limited can use the information provided above in public domain including its web site.
- b. We have read the document titled “Guidelines for NSIL Satellite Capacity Reservation” 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		
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		Sign and Date
Close-out details		Sign and Date