MAHANAGAR TELEPHONE NIGAM LTD

Mahanagar Doorsanchar Sadan,5th Floor,9 CGO Complex,Lodhi Road,New Delhi-110003
Web Site Address: http://www.mtnl.net.in

Stamp size photograph Cross signed by Applicant

*1. Type of service required Please tick (✓)

BASIC SERVICE	BROADBAND	FTTH
LANDLINE	TRIBAND	DATA
ISDN		VOICE

*2 Type of applicant: _____

*3.Name TITLE (Mr / Mrs / Ms / Dr) SURNAME FIRST MIDDLE

*4.Father's/Husband's Name

*5.Date of Birth(DD/MM/YY) (Date of incorporation in case of company) *6.Sex M / F/Third Gender *7 Nationality

8.Hobbies _____ 9.Education _____ 10.Marital Status Single Married

11.Average income per month(Rs) a) < 10,000 b) 10,000 -20,000 c) 20,000 -30,000 d) 30,000 -50,000 e) > 50,000

*12.Residential Address/ Installation Address (Proof to be attached)

13. E-mail Id: _____ PIN CODE

14.Billing/Correspondence Address (If different from above)

Local Address (For outstation customers) PIN CODE

*15.A) PAN NO./ GIR NO. (If PAN No. not available please fill form 60)

15 B)GSTIN number of enterprises customers

15 C) Aadhar no. (UID)

15 D) UIN No.(for Embassies)

16.Existing MTNL Tel No.(if any) Existing Customer A/C No.

17.i) Type of any other service of MTNL or other Operator used by you _____

ii) Tel No of that service a) b)

*18.Tariff Plan opted **Service(1)** _____ Tariff Code **Service(2)** _____ Tariff Code
Service(3) _____ Tariff Code **Service(4)** _____ Tariff Code

*19.Option for Receiving Bill _____

*20. Option for Bill payment _____

21(a) Whether subs. Fitting (wiring) is required from MTNL. Y / N

*21(b) Whether Telephone Instrument is required from MTNL Y / N

*21(c) Whether Modem is required from MTNL Y / N

*22. Any additional Value added services required Yes No VAS Mob. No.

22.(a) Tariff Plan for value added service

23. NDNC Option: Yes No

*24.Type of Identity proof submitted & its No.:

*25. Mode of payment for Registration: Cash / Cheque / DD /online payment Rs.

Cheque/DD No. _____ Date:

Bank account no. _____ Name of Bank & Branch on which Cheque /DD drawn _____
(in case of cheque)

* Columns are mandatory Customer's Signature _____

For office use

Booked By Name of CSC/Distributor/MBA: _____ CSC/Distibutor Code

Customer A/c Number

Landline /Mobile No. SIM No./ESN No.

---------- Tear here ----------

ACKNOWLEDGEMENT SLIP

Received an application form for _____ service from _____ with the payment of Rs. _____ in cash/through cheque/DD

Signature & Name of MTNL officer with stamp _____ Date: _____