BHARAT SANCHAR NIGAM LIMITED
(http://www.bsnl.co.in)
FORM FOR TEMPORARY TELEPHONE CONNECTION

Affix self signed passport size photograph
(required for ISD facility only)

Companies/ Organization ☐ Individuals ☐
(Please tick the appropriate box)

(Please read the instruction before filling the form)

1. A Title/Name of the Customer/Company/Firm/Organization (SURNAME FIRST)

B. Name of the Joint Applicant, if any

2. Name of Father/husband/Group/Proprietor/Partner(s)

3.PAN/GIR No. 4.Tel No. working, if any

(please see Instruction #2)

5. Complete Postal Address

House No Street/Road/Village

Bldg/ Appt

Area/Locality/Tehsil

City/District PIN

6. Billing/ Correspondence Address (if different from 5 above)

7. Period for which connection required : *from*_____*to*_____ 8.Purpose_____

9.Status of Applicant : Individual ☐ Firm/Company ☐ Government/PSU ☐

10.Grounds on which temporary Telephone is required
(for Medical grounds ,Medical Certificate issued by Registered Medical Practitioner to be attached)

11. Facilities required (tick whichever is required) (please affix photograph for ISD facility):

STD ☐ ISD ☐ CLI ☐ Hotline ☐

Conferencing ☐ Call forwarding ☐ Abbreviated Dialing ☐

12.Whether Telephone instrument is required(Y/N) ☐ 13. Whether Internal Wiring is required (Y/N) ☐

14.Payment Mode : Cash ☐ Demand Draft ☐ Amount

Payment Details: DD No. Dated

Drawn on: Bank

Branch

I hereby declare that information given above is true to the best of my knowledge and I will abide by the prevailing Telegraph Act/ Rules framed there under & Tariffs as amended from time to time. I am not a defaulter on account of on-payment of bills for any telecom services provided by any service provider. In the event of any dispute concerning any telecom line, apparatus or appliance, bill etc., between me/us and BSNL, the matter will be referred to the sole Arbitrator, appointed by a nominated authority in BSNL and shall be governed by the provisions of the Arbitration and Conciliation Act, 1996.

Signature of Customer/Authorised Signatory	Signature of Customer/Authorised Signatory

Signed on : Date