

# Broadcaster Distribution Request Application Form

For access to PCMC Digital-CATV network of Pimpri Chinchwad Media

Communication Pvt. Ltd for distribution of television channel (s)

1. Name of the broadcaster:

\_\_\_\_\_

2. The names of CEO/MD of the broadcaster:

(Mr. / Ms.) \_\_\_\_\_

(Mr. / Ms.) \_\_\_\_\_

3. Registered Office address:

4. Address for communication:

5. Name of the contact person/ Authorized Representative:

(Mr. / Ms.) \_\_\_\_\_

6. Telephone: \_\_\_\_\_

7. Email address: \_\_\_\_\_

8. Details of channel(s) for which request for distribution has been made:

Sr. No	No of Channel (s)	Nature of Channel (s) Free-to-Air or Pay	MRP of channel if Pay	Genre of channel	Language(s) of channel	Channel Type (SD or HD)
1						
2						
3						

9. Technical parameters of channel(s):

Sr. No	Name of Channel (s)	Name of Satellite	Orbital Location	Polarization	Downlinking Frequency	Modulation / Coding & Compression Standard of Channel	Encryption of Channel
1							
2							
3							



Place: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

DECLARATION

I \_\_\_\_\_

S / o, d/o \_\_\_\_\_, \_\_\_\_\_

(Authorized Signatory), of \_\_\_\_\_

(Name of the broadcaster), do hereby declare that the details provided above are true and correct.

