



APPLICATION FORM FOR BROADCAST STATION

Ministry of I&MD Reference: _____	Date: _____
PTA Reference: _____	Date: _____
FAB Reference: _____	Date: _____
License No. _____	Date: _____

For Official
Use Only

1. Name of Applicant Organization: _____
 Postal Address: _____
 Tel. (with city code): _____ Fax No. _____ Web Site: _____
2. Contact Person: Mr/Ms/Mrs _____
 (First Name) (Last Name)
 Designation _____ Department: _____
 Tel: (with city Code): _____ Mobile No. (if any): _____
 Fax (with city Code): _____ Email: _____
3. Purpose: Analog TV Digital TV Analog Audio Digital Audio
 Audio only: FM SW MW
4. Duration of License: 3 months 5 years 10 years Permanent
5. Nature of Service: Public Government Limited Public Private
6. Mode of Operation Broadcast Broadcast Synchronized
7. **Site Data:**
 - a. Name of Station _____
 - b. Address of Station _____
 - d. Date of start Broadcasting _____ e. Special sign of Tx: _____
 - c. Coordinates
 Longitude: _____ Degrees: _____ Minutes: _____ Seconds
 Latitude: _____ Degrees: _____ Minutes: _____ Seconds
 - d. Height of site above mean sea level (meters): _____
 - e. Type of Location: City Hill By river Within 16 km of aerodrome
 Rural Space
 - f. Call Sign _____ g. Area of Service (Sq. Km) _____
 - h. Length of Circuit: _____
8. **Equipment data:**
 - a. Equipment name: _____ b. Equipment Model _____
 - c. Equipment ID: _____ d. Manufacturer: _____
 - e. PTA Type approval No. _____
 - f. Frequency Band Proposed: _____
 - g. Frequency range of Equipment: _____
 - h. Bandwidth: _____
 - i. Designation of Emission: _____
 - j. Frequency stability (Hz): _____
 - k. Type of signal code: Analog Digital
 - m. Max power output of equipment (Watts): _____
 - n. Average Power (Watts) _____
 - o. Type of Antenna: _____

- p. Precision offset: Precise Not Precise
- q. Frequency offset: 20m 8m 0m 8P 20P
- r. TV Color System (PAL, SECAM, NTSC): _____
- s. Vision to sound power ratio: _____
- t. TV System (G; L; I; B): _____
- u. Radiated power expressed in dBW in one of the following:
 - Equivalent isotropically radiated power (RR 155): _____
 - Effective radiated power (RR 156): _____
 - Effective monopole radiated power (RR 157): _____
- v. Type of Modulation _____
- w. Multiplexing Method (Frequency Division, Time Division, Cosinus Division) _____
- x. Transfer Rate (Mbits/s) _____ y. Reliability (%) _____
- z. Bit Error Rate _____ aa. Maximum radiated power (dBW): _____
- ab. Horizontal Power: _____ ac. Vertical Power: _____
- ad. Power at antenna input (dBW) _____ ae. Peak Envelope Power: _____
- af. Max power of equipment output (W): _____
- ag. Tx Frequency: _____ ah. Ref Frequency: _____
- aj. Sound carrier 1: _____ MHz ak. Sound carrier 2: _____ MHz
- al. Frequency (Picture) _____ am. Channel No. _____
- an. Transmission Mono Stereo ao. Working Schedule (PST): _____
9. a. Date of IFRB Notification _____ b. No. of IFRB Identification: _____
 c. IFIC No. _____ d. IFIC Reference No. _____
10. **Antenna Data:**
 a. Antenna name: _____
 b. Antenna type: _____
 c. Antenna type Approval No. _____
 d. Manufacturer: _____
 e. Antenna Gain _____
 f. Polarization _____ g. Polarization angle: _____
 h. Antenna height above ground level (m) _____
 j. Azimuth of max radiation: _____
 k. Elevation angle of antenna: _____
 l. Feeding loss (Antenna cable loss) dB: _____
 m. Eff. Ant. Height (Height per angle in meters) _____
 n. **Antenna Pattern:** **PLEASE ATTACH THE AZIMUTH/ELEVATION CO. POLARIZATION AND AND CROSS POLARIZATION CHARTS OF THE ANTENNA.**
11. Supplementary Information (if any): _____

DECLARATION

I declare that information provided in this application and accompanying documents is true and correct in every detail. I undertake to observe the conditions of the license, and hereby certify that the equipment herein described will be worked in accordance with the provisions of the license.

Signature: _____
 Designation: _____
 Name: _____
 Date: _____

Office Seal