

**INSAT/GSAT Capacity Request Format (ICRF)****1. Details of the Applicant:**

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

**2. Capacity Requirement**

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

<sup>1</sup> VSAT, DSNG, TV, DTH, HITS etc.    <sup>2</sup> EIRP / G/T / Beam etc.

**3. ICRD Payment Details - Please attach a proof of payment indicating amount, date and time****4. Company Profile – brief details to be provided herein (attach sheets / brochure / Memorandum of Association / Articles of Association / annual report / management structure / areas of business for which capacity is being sought)****5. Declaration –**

- a) We accord our consent that Department of Space can use the information provided above in public domain such as its web site.
- b) We have read the document No. DOS/SCNP/ICR/2016/01 dated April 22, 2016 titled “Guidelines for INSAT/GSAT Capacity Reservation” and we agree to and abide by the contents thereof.

Signature: .....

Date .....

Name: .....

Designation: .....

Seal:

**For Internal Use**

ICRD Amount Received		Sign and Date
Date, Time and Particulars of ICRD Receipt		
Remarks of Director (T&S), Antrix		
Date & Time of ICRF Receipt		Sign and Date
Accepted / Rejected (with reasons for rejection)		
Priority / Non-priority (with reasons for priority)		
ICRWL Number		
Entry made in ICRF database		
Remarks of AD, SPI		Sign and Date
Remarks of Director, SCNP		Sign and Date
Close-out Details		Sign and Date