



BSNL Broadband Application Form



Please fill up the form and submit to nearest Customer Service Centre:

CUSTOMER DETAILS			
Are you an existing BSNL customer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title	Mr / Mrs / Ms	First Name	
Last Name		Date of Birth	
Phone	Home	Office	
Mobile		E-mail	
BROADBAND CONNECTION			
Phone on which Broadband is to be connected?			
Address of connection:			
		Town / City	PIN
Billing Address : (if not same as above)			
		Town / City	PIN
PURPOSE OF USE OF ADSL CONNECTION			
RESIDENTIAL		<input type="checkbox"/>	
BUSINESS		<input type="checkbox"/>	
Installation required? Yes <input type="checkbox"/> No, I will do myself <input type="checkbox"/>			
<small>*Tariff will be most competitive in the industry. **Data rate of 256 kbps and above.</small>			
24 Hours Help-line Number: 1600-424-1600			
Name _____		Signature _____	
Date _____			
For Office Use:			
Date of Receipt:		Feasibility Report:	
Customer Number:		Provided on:	



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)
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