

MAHANAGAR TELEPHONE NIGAM LIMITED, DELHI
APPLICATION FORM FOR INTERNET ACCESS RENEWAL

FOR OFFICE USE ONLY	FOR HELPDESK USE
Password Reference No.-----	Account Renewal Date-----
Booking Date ----- Signature-----	---
----	Signature-----

1.Name of the Applicant -----

2.User/Login ID -----

3.Address, Contact No. -----

4.RENEWAL OPTED : (Please tick your choice)**

(a) Full Renewal

PSTN Dial up	PSTN Unlimited plan	ISDN 64 Kbps	ISDN 128 Kbps
100Hrs	One Month	100 Hrs	100 Hrs
250 Hrs	Three Months	250 Hrs	250 Hrs
500 Hrs	Six Months	500 Hrs	500 Hrs
	Twelve Months	1000 Hrs	1000 Hrs

* If Opting For ISDN Flat Hrs Access Please Give No. OF Hours Applied For
(Min. 1000).

** Renewal From PSTN To ISDN & Vice Versa Is Not Allowed.

* 5% Service Tax.

5.Payment particulars :

Cash /DD No.----- Date-----Amount-----

Bank Name ----- Branch -----

Date :-----

Signature of Applicant-----

RECEIPT

Recieved from Mr./Ms-----

Rs.----- (In words, Rs.-----
-)

Vide Cash/DD No.----- Dated-----
-

Drawn on -----(Bank's Name &
Branch)

Customer Code-----

Signature