

APPLICATION FOR AFFILIATION IN DIGITAL ADDRESSABLE SYSTEMS [DAS]

1. Name of the Applicant applying on behalf of the Cable Network in each city/town (collectively "DAS Areas") in which the Cable Network is willing to operate: _____

2. Designation of the Applicant in the Cable Network:

Managing Director

Managing Partner

Sole Proprietor

Karta

3. Name of the Cable Network: _____

4. Legal status of the Cable Network:

Proprietorship Firm

Partnership Firm

Company

Hindu Undivided Family

5. Details of the Cable Network: **[Please provide details in the manner as set out in Annexure A]**

9. Area(s) proposed to be covered by the Cable Network and its local cable operators: *[Please provide details in manner as set out in Annexure B]*

Infrastructure Details

10. Address of the Cable Network:

Landmark: _____ Pin Code: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

11. Whether owned or rented: Owned Rented

Address of control room/digital headend

Landmark: _____ Pin Code: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Registration Details

[Please provide copy of each valid registration]

12. Postal Registration Number/Validity for each city/town the Cable Network is willing to operate:
_____ / _____

13. Details of DAS License: _____

14. Service Tax Registration Number: _____

15. PAN Number: _____

16. TAN Number: _____

17. Entertainment Tax Registration Number: _____

Subscription Details

18. Number of subscribers directly connected to the Cable Network: _____

[If Cable Network already operating in proposed areas, please provide details of digital subscriber for the last six months, along with evidence to corroborate your subscriber base (refer Annexure C)]

19. Number of subscribers catered through the local cable operators connected to the Cable Network:

[If Cable Network already operating in proposed areas, please provide details of LCO's for the last six months, along with evidence to corroborate number of LCO's along with their respective subscriber base. Please provide details of local cable operators in manner as set out in Annexure C]

20. Latest Monthly Invoice showing dues, if any from the presently affiliated multi system operator or from any agent / any other intermediary of the broadcaster / multi system operator, or directly from broadcasters and/or No Dues Certificate, as the case may be. YES NO

[Please provide copy of such Latest Monthly Invoices and/or No Dues Certificate along with this Application Form]

21. List the name of channels that the Cable Network is willing to avail for each city/town:

22. Number of Digital Addressable Cable T.V. System ("Digital Head-end") the Cable Operator will install along with their name and addresses. *[Please attach additional sheet if required]:*

Equipment Details

21. Details of Equipment: *[Please provide details in manner as set out in Annexure D]*

Details of business

22. Whether having business relation with other broadcasters: YES NO

[If yes, please provide details] _____

27. If the Applicant or the Cable Network has been involved in any Civil / Criminal / Police Cases relating to infringement of Copyright, cheating or under Negotiable Instruments Act, and if yes, please provide details: (Case Number): _____

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Digital Addressable cable TV Systems Requirements

A) Conditional Access System (CAS) & Subscriber Management System (SMS) :

No of CAS system installed at your Headend: No of SMS system installed at your Headend:

- 1. Name & current version of the Conditional Access System [CAS]: _____
- 2. Any history of the hacking of CAS: _____; if yes time taken for its resolution: _____
- 3. Have you been authorized by the CA System provider to use its encryption for your cable network: YES NO
If yes, attach a copy of the CA System provider authorization certificate.
- 4. Can the Fingerprinting get invalidated by use of any device or software: YES NO
- 5. Are the Set-Top-Boxes [STB] & Viewing Card [VC] paired from the head-end: YES NO
- 6. Are the Subscriber Management System [SMS] and Conditional Access [CA] integrated: YES NO
- 7. Can the activation and deactivation process from SMS be done simultaneously: YES NO
- 8. Is the CA system independently capable of generating log of all activation and deactivations: YES NO
- 9. Does the CA Service provider have the capability of upgrading the CA in the event of incidence of the hacking: YES NO
- 10. Are the SMS & CAS capable of individually addressing subscribers, on a channel by channel and STB by STB basis: YES NO
- 11. Is the SMS computerized and capable to record the vital information and data concerning the subscribers such as:
 - a. Unique Customer Id: YES NO
 - b. Subscription Contract number: YES NO
 - c. Name of the subscriber: YES NO
 - d. Billing Address: YES NO
 - e. Installation Address: YES NO
 - f. Landline telephone number: YES NO
 - g. Mobile telephone number: YES NO
 - h. Email id: YES NO
 - i. Service/Package subscribed to: YES NO
 - j. Unique STB Number: YES NO
 - k. Unique VC Number: YES NO
- 12. Is the SMS be able to undertake the:
 - a. Viewing and printing historical data in terms of the activations, deactivations etc: YES NO
 - b. Location of each and every set top box VC unit: YES NO
- 13. Is the SMS capable of giving the reporting at any desired time about the following:
 - i. The total no subscribers authorized: YES NO
 - ii. The total no. of subscribers on the network: YES NO
 - iii. The total no. of subscribers subscribing to a particular service at any particular date: YES NO
 - iv. The details of channels opted by subscriber on a-la carte basis: YES NO
 - v. The package wise details of the channels in the package: YES NO
 - vi. The package wise subscriber numbers: YES NO
 - vii. The ageing of the subscriber on the particular channel or package: YES NO
 - viii. The history of all the above mentioned data for the period of the last 2 years: YES NO
- 14. Can the SMS and CAS handle at least one million subscribers on the system: YES NO
- 15. CA & SMS systems:
 - a. Are the CA & SMS systems should be of reputed organization: YES NO
 - b. Are the CA & SMS systems being currently in use by any other pay television services that have substantial subscribers in the global pay TV market: YES NO
 - c. Provide names of other pay TV services using CA & SMS systems:
1. _____ 2. _____ 3. _____
- 16. Does CAS & SMS suppliers have the technical capability in India to be able to maintain the system on 24x7 basis throughout the year YES NO
- 17. Can CAS & SMS have provision to tag & blacklist VC & STB numbers that have been involved in piracy in past to ensure that such VC & STB cannot be redeployed YES NO

(B) Fingerprinting ('FP'):

1. Can the finger printing be removable by pressing any key on the remote: YES NO
2. Does FP appear on the top most layer of the video: YES NO
3. Does FP is such that it can identify the unique STB number or the unique VC number: YES NO
4. Does the FP appear on all the screens of the STB, such as Menu, EPG etc: YES NO
5. Does the location of the FP be changeable from the Headend: YES NO
6. Is the FP random on the viewing device: YES NO
7. Does the FP be able to give the numbers of characters as to identify the unique STB and/or the VC: YES NO
8. Is Finger printing possible on global as well as on the individual STB basis: YES NO
9. Is the Overt FP and On Screen Display (OSD) messages of the respective broadcasters displayed by the MSO/LCO without any alteration with regard to the time, location, duration and frequency: YES NO
10. Does the network doesn't use common interface Customer Premises Equipment: YES NO
11. Does the STBs have a provision that OSD is never disabled: YES NO
12. Can the FP be modified in different backgrounds and sizes: YES NO
13. Is the STB compatible with the covert Finger Printing: YES NO

(C) Set Top Box (STB):

1. Does all the STBs have embedded Conditional Access: YES NO
2. Is the STB capable of decrypting the Conditional Access inserted by the Headend: YES NO
3. Does the STB capable of doing Finger printing: YES NO
4. Does the STB support both Entitlement Control Message (ECM) & Entitlement Management Message (EMM) based FP: YES NO
5. Is the STB be individually addressable from the Headend: YES NO
6. Is the STB should be able to take the messaging from the Headend: YES NO
7. The messaging character length should be minimal of 120 characters: YES NO
8. Is there a provision for the global messaging, group messaging and the individual STB messaging: YES NO
9. Dose the STB have forced messaging capability: YES NO
10. Is the STB BIS compliant [Provide certificate from the Manufacturer stating STBs are BIS compliant]: YES NO
11. Is there a system in place to secure content between decryption & decompression within the STB: YES NO
12. Are the STBs addressable over the air to facilitate Over The Air (OTA) software upgrade. YES NO
13. The network will deploy its network "Water Mark Logo" on all the TV channels at all times: YES NO
14. Can STBs reported for piracy be switch off within ten minutes of such reporting: YES NO
- 15: Does the STBs have content storage/ time shifting facility, if yes: YES NO

If yes,

- a. Can the STB connect the external hard drive to the Digital Video Recorder's (DVR) USB port: YES NO
- b. Does the content stored in the DVR is encrypted as a 'Copy Protect' feature: YES NO

D HD Set Top Box Requirements:

1. Are the HD boxes tamper resistant: YES NO
2. Are the security codes securely stored in the HD boxes: YES NO
3. Does the HD box enforce reasonable usage rules carried by the license: YES NO
4. Does the set top box or HD box utilizing built in PVRs employ an encryption system for the storage of material that binds the material To that particular set top box or HD box. YES NO
5. Does the HD Boxes have:
 - a) CGMS/ A capability for analog outputs YES NO
 - b) HDCP capability for DVI and /or HDMI outputs YES NO
 - c) DTCP capability for 1394, USB, Ethernet and/or other applicable outputs if provided. YES NO

Documents required to be attached along with the Application Form for Affiliation:

In case the Cable Network is a Proprietorship Firm:

- (a) Photograph of the cable network owner.
- (b) Self attested copy as proof of residence – Passport / Voter's ID Card/Ration card/Electricity bill
- (c) Copies of the Income Tax Returns filed by the proprietor for the preceding three (03) years.
- (d) 1 copy each of all the applicable registrations as specified in Sr. No. 12 to 17 above.
- (e) 1 copy of the PAN Card of the proprietor attested by the proprietor.
- (f) Any such other relevant document that is required as per the applicable Annexure and as may be required by the Broadcaster to verify the various details provided hereunder by the Cable Network.

Provided, that in the event another person executes the Application Form on behalf of such sole proprietor, a true copy of the power of attorney delegating such powers by the sole proprietor shall also be provided to the Broadcaster.

In case the Cable Network is a Partnership Firm:

- (a) Photograph of the signatory.
- (b) Certified true copy of the registered Partnership Deed.
- (c) Separate powers of attorney signed by all partners authorizing the Applicant to sign this Application Form for Affiliation on behalf of the Cable Network and any agreement and all related documents for and on behalf of the Cable Network.
- (d) Copy of Passport / Voters ID / PAN Card / Driving license for signature verification attested by the authorized signatory.
- (e) Copies of the Income Tax Returns filed by the Cable Network and the partners for the preceding three (03) years.
- (f) 1 copy each of all the applicable registrations as specified in Sr. No. 12 to 17 above.
- (g) Photocopy of the respective PAN Card of the respective partner attested by such respective partner.
- (h) Any such other relevant document that is required as per the applicable Annexure and as may be required by the Broadcaster to verify the various details provided hereunder by the Cable Network.

In case the Applicant is a Company, certified true copies of:

- (a) Photograph of the signatory.
- (b) The Certificate of Incorporation – certified by the Company Secretary/Director;
- (c) Memorandum & Articles of Association of the Company;
- (d) Board resolution authorizing the Applicant to sign this Application Form for Affiliation and any agreement and all related documents on behalf of the Company.
- (e) Copy of Passport/Voters ID/PAN Card/Driving license for signature verification attested by the authorized signatory.
- (f) 1 copy each of all the applicable registrations as specified in Sr. No. 12 to 17 above.
- (i) Copies of the Income Tax Returns filed for the preceding three (03) years.
- (j) Any such other relevant document that is required as per the applicable Annexure and as may be required by the Broadcaster to verify the various details provided hereunder by the Cable Network.

In case the Applicant is a Hindu Undivided Family, certified true copies of:

- (a) The photograph of the Karta.
- (b) The Proof of Residence - Voters Identity Card or Passports of Karta or Electricity bill / Income Tax returns.
- (c) The names of all coparceners and his/her relation with the Karta.
- (d) Relevant documents, including any Partition Deed, Family Settlement Deed, etc.
- (e) Copy of Passport/Voters ID/PAN Card/Driving Licence for signature verification attested by the Karta.
- (f) 1 copy each of all the applicable registrations as specified in Sr. No. 12 to 17 above.
- (g) Copies of the Income Tax Returns filed for the preceding three (03) years.
- (h) Any such other relevant document that is required as per the applicable Annexure and as may be required by the Broadcaster to verify the various details provided hereunder by the Cable Network.

ANNEXURE A

DETAILS OF THE CABLE NETWORK

1. Name of Proprietor / Partners / Directors / Coparceners:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

2. Operating Since: _____

Nature of interest of Applicant in the Cable Network

3. Designation: _____

4. Details of interest/share in profits, etc.: _____

(in case of partnership firms)

Turnover & Profit Details

Period / Financial Year	Turnover	Profit

Documents to be attached

Enclose copies of tax return of three (3) years preceding the year in which application has been made. In case of proprietary firm, enclose copies of Personal Tax returns of the proprietor for the last three years.

Returns filed by the Cable Operator with the Service Tax and Entertainment Tax Authorities for the past three years or from the date of inception whichever is later.

Also enclose copies of bank statement of the Cable Operator (duly certified by the banker) for past three (3) months

In case of the Cable Network being a Company, please enclose copy of board resolution for authorized signatory.

In case of proprietary firm/partnership firm, please enclose signature duly verified by the Bank.

(Signature of the Applicant)

Name: _____

Designation: _____

Seal of the Cable Network

ANNEXURE B

AREA OF OPERATION

Please attach (a) list of area(s) proposed to be covered by the Cable Network and the affiliated local cable operators providing accurate details of the roads, buildings, housing societies, etc., covered by each of them along with a description of landmarks demarcating the boundaries of areas served by each such affiliated local cable operators, and (b) **a detailed map clearly demarcating the areas covered by the Cable Network and the affiliated local cable operators alongwith map showing cable's laid overhead & underground with requisite permission to lay cable.**

(Signature of the Applicant)

Name: _____

Designation: _____

Seal of the Cable Network

DETAILS OF SET-TOP-BOXES

S.No	Make	Model	Quantity