

MAHANAGAR TELEPHONE NIGAM LIMITED, MUMBAI

APPLICATION FOR SHIFTING OF TELEPHONE (ON ALL INDIA BASIS)

(To be filled up in duplicate with specimen signature sheet)

To _____

Sub : Shifting of telephone No. _____

Sir,

Please arrange for shifting of my/our telephone No. _____

as per particulars given below :-

1. Name of the Subscriber :

(In block Letters)

2. Father's/Husband's Name :

(In case of individual)

3. Address for correspondence :

4. Permanent address :

5. Location where the telephone is working :

6. State whether the telephone is working at present

or whether it has been disconnected under shift/

safe custody due to non-payment of bills etc. if so,

give full particulars of disconnection and date :

7. Category under which the telephone was booked :

(Tatkal/OYT/OYT(S) Non-OYT(SS)Non-OYTGenl.NOYT/spl.)

8. Registration particulars at the time of original

booking for telephone & date of its installation :

9. Accessories presently working on the telephone :

10. Address where the telephone is required to be shifted :

11. Reason for shifting :

Dated

Signature of the subscriber

Note :- Photocopy of latest paid bill should be attached

FOR OFFICIAL USE ONLY

1. Whether the telephone is working or disconnected.

2. Date of disconnection.

3. Outstanding bills of the subscriber, if any.

Accounts-officer(TR)

Sign. of Applicant

attested by G. Officer/Manager of Nationalised Bank.

**SPECIMEN SIGNATURE SHEET FOR SHIFT OF TELEPHONE TO OTHER
STATION**

(To be filled by the applicant in duplicate)

Telephone No. _____

Name _____

Address where the telephone shift is working :

Address where the shift is required :

Specimen Signature :

1. _____ 2. _____
3. _____ 4. _____

FOR OFFICE USE

Certified that telephone No. _____ for shift to
_____ has been closed on _____
in the name of _____ and a certificate

No. _____ date _____ has been issued to the subscriber

This is specimen signature sheet duly verified with office records is being sent for keeping in record for further necessary action at your end.

Signature

Name of Officer : _____

Designation _____

Telephone No _____

Dated :

Seal :