Form R-11

PAKISTAN TELECOMMUNICATION AUTHORITY
Headquarters, F-5/1, Islamabad
www.pta.gov.pk

APPLICATION FORM FOR ESTABLISHMENT OF VSAT
DOMESTIC/INTERNATIONAL CONNECTIVITY

PTA Reference: _____	Date: _____
FAB Reference: _____	Date: _____
License No: _____	Date: _____

1. Name of Applicant Organization: _____

   Postal Address: _____

   Tel (with city code): _____ Fax No: _____ Web Site: _____

2. Contact Person: Mr/Ms/Mrs _____ _____

   (First Name) (Last Name)

   Designation: _____ Department: _____

   Tel: (With City Code) _____ Mobile No. If any): _____

   Fax: (with City Code) _____ E-mail: _____

3. Purpose for which license is required: _____

4. Duration of License: ☐ 3 months ☐ 5 Years ☐ 10 Years ☐ Permanent

5. Nature of Service: ☐ 3 months ☐ 5 Years ☐ 10 Years ☐ Permanent

6. Type of Link:/Network Topology: ☐ Bi-Directional ☐ Unidirectional

   ☐ MESH ☐ STAR ☐ BROADCASTING ☐ Point to Point ☐ YBRID

7. Satellite System/Technology (Including VSAT) e.g. FM-FDMA, IDR, IBS, MCPC, SCPC, CDMA, TDMA AND MFTDMA OR COMBINATION etc.

   _____

8.. Frequency Assignment. Pre Assigned or Demand Assignment:_____

7. Link Capacity: _____ Links to be used for: _____

   Total No of Sites: _____

8. Site Data

   a. Name of Station: _____

   b. Address of Station: _____

   c. Coord. Longitude: _____ Degrees _____ Minutes _____ Seconds

      Latitude: _____ Degrees _____ Minutes _____ Seconds

   d. Height of site above mean sea level (meters): _____ Area of Service (sq.Km)

   e. Type of Location: ☐ City ☐ Hill ☐ By River ☐ Within 16 Km of aerodrome

f. Hop Length (Km) _____

11. Stations to be worked with: (separate form for equipment details to be submitted)
   a. Name of Station _____
   b.. Address of Station _____
   c.. Coord. Longitude: _____ Degrees _____ Minutes _____ Seconds
   Latitude: _____ Degrees _____ Minutes _____ Seconds
   d.. Height of site above mean sea level (meters): _____ Area of Service (sq.Km)

   e. Type of Location: ☐ City ☐ Hill ☐ By River ☐ Within 16 Km of aerodrome

12.. Name of Satellite along with orbital loc _____

13.. Equipment data:
   a. Up/Down Converter:- _____
      (1) Manufacturer (with Model and Country of Origin):- _____
      (2) Frequency range: From _____ To _____
      (3) Channel Bandwidth: _____
      (4) Designation of Emission
      (5) Type of signal code: ☐ Analog ☐ Digital
      (6) Max output power of equipment (dBm) _____

13.1 Transmitter (HPA/SSPA)
   a. Radiating Power _____ b. Freq Band _____
   c.. Channel Spacing _____ d. Tx Carrier Frequencies _____
   e.. Bandwidth of Carrier _____
   f.. Equipment Output Power _____ Attach spectrum mask of Rx Signal

13.2 Receiver (for BER 10-6)
   a. C/I at threshold level (db) _____
   b. Normal threshold level (dBm) _____
   c. Attach mask of receiver filter _____ d. Rx Carrier Frequencies _____
   e.. Bandwidth of Carrier _____

13.3 Modems:
   a. Name of Modem _____
   b. Manufacturer (with Model/Country of Origin) _____
   c. Model no _____
   d. Modulation /FFC/Compression tech/type use: _____
   e. Link protocols to be used: _____

13.4 Multiplexer/Routers
   a. Name: _____ Demux _____ Router _____
   Compression Type _____
   b. Manufacturer (with Model/Country of Origin): _____

13.4 Antemma Data:
   a. Antenna Name: _____ b. Antenna Type: _____
   c.. Manufacturer (with Model/Country of Origin): _____
   d.. Antenna size: _____\
   e.. Antenna Frequency Range from _____ To _____
   f.. Antenna Gain _____ For Frequency _____
   g.. Polarization _____

h.. Antenna height above ground level (m) _____

i.. Beam Width (3dB) _____

j.. Front to Back Ratio _____ K. Backward Attenuation _____

l.. Power at Antenna input (dBm) _____

b. Azimuth and Elevation of antennae at each site.

c. Losses (dB) Feeder _____ Branch _____ Switch _____

Antenna Pattern PLEASE ATTACH THE AZIMUTH CO-POLARIZATION & CROSS POLARIZATION CHARTS OF THE ANTENNA (ALSO IN TABULAR FORM)

13. Supplementary Information (if any):

DECLARATION

I declare that the information provided in this application and accompanying documents is true and correct in every detail. I undertake to observe the conditions of the license, and hereby certify that the equipment herein described will be worked in accordance with the provisions of the license.

Signature:_____

Destination: _____

Name: _____

Date: _____