

# INSTALLATION CERTIFICATE - HNBP

TO BE FAXED BY CUSTOMER TO HCIL, GURGAON AT 0124-3072545 , 2398840 FOR ACTIVATION OF SERVICE

Customer Copy

|                   |  |
|-------------------|--|
| Organisation Name |  |
| Address           |  |
| City              |  |
| State             |  |
| Pin Code          |  |
| Telephone Number  |  |
| Mobile Number     |  |

|                            |  |
|----------------------------|--|
| Site Code                  |  |
| Contact Person             |  |
| Region                     |  |
| Installation Request Date  |  |
| Physical Installation Date |  |
| Date of Commissioning      |  |

|                |  |
|----------------|--|
| Product Type : |  |
|----------------|--|

| S.No | Description       | Type | S.No |
|------|-------------------|------|------|
| 1    | Antenna Reflector |      |      |
| 2    | RF Head           |      |      |
| 3    | LNA               |      |      |
| 4    | IDU               |      |      |

| S.No. | Description        |  |
|-------|--------------------|--|
| 1     | Latitude           |  |
| 2     | Longitude          |  |
| 3     | Azimuth            |  |
| 4     | Elevation          |  |
| 5     | Timing             |  |
| 6     | Tx Power           |  |
| 7     | Eb/No / SQF        |  |
| 8     | AGC                |  |
| 10    | C+N/N              |  |
| 11    | Chassis ID TES     |  |
| 12    | Network / Window   |  |
| 13    | RODLC              |  |
| 14    | VSAT Management IP |  |
| 15    | IP Gateway IP      |  |
| 16    | LAN 1 IP Address   |  |
| 17    | Subnet Mask        |  |
| 18    | HUB Sign Off       |  |

|   |
|---|
| Specify the Make/Size & the Type(E.g.Prodelin 3.8 Center Fed) |
|---|

| S.No | Description               | Remarks  |
|------|---------------------------|--|
| 1    | UPS Make / Model          |  |
| 1    | UPS Serial No             |  |
| 2    | UPS Rating                | KVA  |
| 3    | UPS Online with isolation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4    | UPS without static bypass | <input type="checkbox"/> Yes <input type="checkbox"/>    |
| 5    | UPS Output Voltage        | E - N <input type="checkbox"/> V                         |
|      |                           | P - N <input type="checkbox"/> V                         |
|      |                           | P - E <input type="checkbox"/> V                         |

|                                     |              |           |  |                 |             |
|-------------------------------------|--------------|-----------|--|-----------------|-------------|
| Height of Antenna From Ground Level | _____ Meters | Satellite |  | Mean Sea Level  |             |
| Name of the Nearest Airport         |              |           |  |                 |             |
| Distance from the Airport           | _____ Kms    | Site Type | <input type="checkbox"/> New <input type="checkbox"/> Shifting                     | Antenna Size    | _____ Metre |
| Length of IFL Cable (In Feet)       | _____ Feet   | Band      | <input type="checkbox"/> C <input type="checkbox"/> XC <input type="checkbox"/> KU | Franchisee Name |             |

|   |  |                                |  |
|---|--|--------------------------------|--|
| NOTE :  | HECL CS Benchmark for completion of this activity is 3 to 5 days |                                |  |
|   | Yes/No   | If any deviation, was due to : |  |
| There was no deviation from Benchmark for completion of this activity |  |                                |  |
| There was a deviation from Benchmark for completion of this activity  |  |                                |  |

Sign of the Customer: \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

Sign of the HCIL Representative : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

# INSTALLATION CERTIFICATE - HNBP



TO BE SUBMITTED TO REGION BY INSTALLER

Region Copy

|                   |  |
|-------------------|--|
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| Telephone Number  |  |
| Mobile Number     |  |

|                            |  |
|----------------------------|--|
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| 5    | UPS Output Voltage        | E - N <input type="text"/> V                             |
|      |                           | P - N <input type="text"/> V                             |
|      |                           | P - E <input type="text"/> V                             |

|                                     |              |           |  |                 |             |
|-------------------------------------|--------------|-----------|--|-----------------|-------------|
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|---|--|--------------------------------|--|--|--|
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| There was a deviation from Benchmark for completion of this activity  |  | <input type="checkbox"/>       |  |  |  |

Sign of the Customer :  
Name :  
Date :

Sign of the Franchisee Engg :  
Name :  
Date :

Sign of TM/RSM :  
Name :  
Date :