

TECHNICAL ASSESSMENT FORM (TAF)



Anywhere, Any Time TV

IPTV | OTT | CDN | IP TELEPORT | STUDIOS | SMART SOLUTIONS

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DATE: ___/___/___ REFERENCE NO: INDEL/TAF/ ___/___

INSTALLATION ADDRESS PIN CODE: _____ REGION _____

COMPANY NAME _____

COMPANY FIRM HUF INDIVIDUAL

CUSTOMER NAME _____

MAILING ADDRESS _____ MOBILE NO _____

CITY _____ DISTRICT _____

LANDMARK _____

STATE _____ PIN CODE _____

INSTALLATION ADDRESS _____

CITY _____ DISTRICT _____ STATE _____

LANDMARK _____ PIN CODE _____

REGISTRATION: GSTN PAN Licence/Postal OTHERS _____

INFRASTRUCTURE CHECK-LIST AT CLIENT LOCATION

#	Description	Yes	No	Remarks
1	Operator should have Permission for Tower Installation from owner in case of rented premises.			
2	Space Availability for Tower/Server			Specify the radius and height which is required for installation
3	Any mobile/wimax Tower near the site			Distance of nearest tower
4	Line of Sight -Clear / Obstructions			Photos (if Possible)
5	Information on Civil Work (Tower platform, Installed Tower)			Photographs would help
6	Site Access Permission in case of rented premises			
7	Site access time restrictions in case of rented premises			
#	List of Items that need to be provided by the Client	Yes	No	Remarks
8	Cooling (24 degree)			
9	Electrical (240 V 6/16 Amp)			
10	Earthing (0.5 ohms)			
11	PC/Laptop (1-3)			
12	Internet (5 MBPS)			Local wired internet connection mandatory with backup line.
13	UPS (Power Backup)			

To ensure timely execution of work, the client is requested to arrange and submit all the documents [statutory forms, transportation...etc...] with this form.

Order Placed by: _____

Delinet Broadband Pvt. Ltd.

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