

**FAB**

**FREQUENCY ALLOCATION BOARD**  
**Headquarters, Plot No. 112, H-10/4, Islamabad**  
**www.fab.gov.pk**

**APPLICATION FORM FOR BROADCAST STATION**

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): \_\_\_\_\_ Email: \_\_\_\_\_

3 Purpose:  Analog TV  Digital  Analog Audio  Digital Audio  
 Audio only:  FM  SW  MW

4 Duration of License:  3 months  5 Years  10 years  Permanent

5 Nature of Service:  Public  Government  Limited Public  Private

6 Mode of Operation  Broadcast  Broadcast Synchronized

7 **Site Data**  
 a. Name of Station: \_\_\_\_\_  
 b. Address of Station: \_\_\_\_\_  
 c. Date of Start Broadcasting: \_\_\_\_\_ d. Spectial sign of TX: \_\_\_\_\_  
 e. Coordinates:  
 Longitude: \_\_\_\_\_ Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds  
 Latitude: \_\_\_\_\_ Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds  
 f. Height of Site Above Mean sea Level (meters): \_\_\_\_\_  
 g. Type of Location:  City  Hill  By river  Within 16 km of aerodrome  Rural  
 Space  
 h. Call Sign: \_\_\_\_\_ i. Area of Services (Sq. Km) \_\_\_\_\_  
 j. Length of Circuit: \_\_\_\_\_

8 **Equipment data:**  
 a. Equipment Name: \_\_\_\_\_ b. Equipment Model: \_\_\_\_\_  
 c. Equipment ID: \_\_\_\_\_ d. Manufatcturer: \_\_\_\_\_  
 e. PTA Type Approval No. \_\_\_\_\_  
 f. Frequqncy band Proposed: \_\_\_\_\_  
 g. Frequency Range of Equipment: \_\_\_\_\_  
 h. Bandwidth: \_\_\_\_\_  
 i. Designation of Emission: \_\_\_\_\_  
 j. Frequency Stability (Hz) \_\_\_\_\_  
 k. Type of Signal Code:  Analog  Digital  
 l. Max Power Output of Equipment (Watts): \_\_\_\_\_  
 m. Average Power (Watts): \_\_\_\_\_  
 n. Type of Antenna: \_\_\_\_\_  
 o. Precision offset:  Precise  Not Precise  
 p. Frequency offset:  20m  8m  0m  8p  20p

- q. TV Color System (PAL, SECAM, NTSC): \_\_\_\_\_
- r. Vision to Sound Power ratio: \_\_\_\_\_
- s. TV System (G; L; I; B) \_\_\_\_\_
- t. Radiated Power expressed in dBW in one of the following:
  - Equivalent isotropically radiated power: \_\_\_\_\_
  - Effective radiated power: \_\_\_\_\_
  - Effective monopole radiated power: \_\_\_\_\_
- u. Type of Modulation \_\_\_\_\_
- v. Multiplexing Method (Frequency Division, Time Division, Cosinus Division): \_\_\_\_\_
- w. Transfer Rate (Mbits/s) \_\_\_\_\_
- x. Reliability (%) \_\_\_\_\_
- y. Bit Error Rate: \_\_\_\_\_
- z. Maximum Radiated Power (dBW): \_\_\_\_\_
- aa. Horizontal Power: \_\_\_\_\_
- ab. Vertical Power: \_\_\_\_\_
- ac. Power at Antenna Input(dBW): \_\_\_\_\_
- ad. Peak Envelope Power: \_\_\_\_\_
- ae. Max. Power of equipment output (W): \_\_\_\_\_
- af. Tx Frequency: \_\_\_\_\_
- ag. Ref Frequency: \_\_\_\_\_
- ah. Sound Carrier 1: \_\_\_\_\_ MHz
- ai. Sound Carrier 2: \_\_\_\_\_ MHz
- aj. Frequency (Picture): \_\_\_\_\_
- ak. Channel No. \_\_\_\_\_
- al. Transmission:  Mono  Stereo
- am Working Schedule (PST) \_\_\_\_\_

- 9 a. Data of IFRB Notification \_\_\_\_\_
- b. No. of IFRB Identification: \_\_\_\_\_
- c. IFIC No. \_\_\_\_\_
- d. IFIC Reference No. \_\_\_\_\_

**10 Antenna Data:**

- a. Antenna Name/ID: \_\_\_\_\_
- b. Antenna type: \_\_\_\_\_
- c. Manufacture: \_\_\_\_\_
- d. Antenna Type Approval \_\_\_\_\_
- e. Antenna gain: \_\_\_\_\_ (dBi)
- f. Polarization: \_\_\_\_\_
- g. Polarization: \_\_\_\_\_
- h. Antenna height above ground level (meters): \_\_\_\_\_ m
- h. Azimuth of Max. Radiation: \_\_\_\_\_
- i. Elevation Angle of Antenna: \_\_\_\_\_
- j. Feeding Loss (Antenna Cable Loss)dB: \_\_\_\_\_
- k. Eff. Ant. Height \_\_\_\_\_
- m. Antenna Pattern: **Please Attach the Azimuth/ Elevation Co. Polarization and Cross Polarization Charts of the Antenna.**

11 Already Assigned Frequency (FAB Reference if any.) \_\_\_\_\_

12 Supplementary Information (if any): \_\_\_\_\_

**DECLARATION**

I declare that information provided in this application and accompanying documents is true and correct in every Details. I undertake to observe the conditions of the license, and hereby certify that the equipment herein described will work in accordance with the provisions of the FAB approval / PEMRA License.

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Seal**