



FAB

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

APPLICATION FORM FOR ESTABLISHMENT OF VSAT CONNECTIVITY
DOMESTIC/ INTERNATIONAL CONNECTIVITY

- 1 Name of Applicant Organization _____
Postal Address: _____
Tel. (with city code): _____ Fax No: _____ Web Site: _____
- 2 Authorized Person in Pakistan: Mr/Ms/Mrs: _____
CNIC/ Passport No. _____
Designation: _____ Department: _____
Tel: (with city Code): _____ Mobile No. (if any): _____
Fax (with city Code): _____ Email: _____
- 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 YBIRD
- 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: _____
- 9 Link Capacity: _____ Link to be used for: _____
Total No of Sites: _____
- 10 **Site Data**
 - a. Name of Station: _____
 - b. Address of Station: _____
 - c. Coordinates:

Longitude:	_____ Degrees	_____ Minutes	_____ Seconds
Latitude:	_____ Degrees	_____ Minutes	_____ Seconds
 - Note: Provision of Coordinates upto the accuracy of Second is mandatory**
 - d. Height of Site Above Mean sea Level (meters): _____
 - e. Type of Location: City Hill By river Within 16 km of aerodrome Rural
 - f. Hop Length (Km) _____
- 11 Station to be work with: (Separate form for equipment details to be submitted)
 - a. Name of Station: _____
 - b. Address of Station: _____
 - c. Coordinates:

Longitude:	_____ Degrees	_____ Minutes	_____ Seconds
Latitude:	_____ Degrees	_____ Minutes	_____ Seconds
 - d. Height of Site Above Mean sea Level (meters): _____
 - e. Type of Location: City Hill By river Within 16 km of aerodrome Rural
- 12 Name of Satellite along with Orbital Location _____
- 13 **Equipment Date:**
 - a. Up/ down Converter:-
 - 1) Manufacture (with Model and Country of Origin):- _____
 - 2) Frequency Range: From: _____ To: _____
 - 3) Channel Bandwidth:- _____
 - 4) Designation Emission:- _____
 - 5) Type of Signal Code: Analog Digital

6) Max Output Power (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. Receiver 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. _____
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. Manufacture (with Model and Country of Origin):- _____

7 **Antenna Data:**

- a. Antenna Name/ID: _____ b. Antenna type: _____
c. Manufacture (with Model and Country of Origin):- _____
d. Antenna frequency range from: _____ To _____
e. Antenna gain: _____ (dBi) Antenna Size _____
f. Polarization: _____ g. Antenna Size _____
h. Antenna height above ground level (meters): _____ m
i. Beam Width (3dB): _____ j. Front to Back Ratio (dB): _____
k. Backward Attenuation: _____ l. Azimuth and Elevation of Antenna at each site: _____
m. Losses (dB) Feeder _____ Branch _____ Switch _____

Please attach the Azimuth Co-Polarization & Cross Polarization Charts of Antenna (Also in Tabular Form)

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 license/ FAB approval.

Signature: _____

Designation: _____

Name: _____

Date: _____

Office Seal