

महाराष्ट्र दूरसंचार परिमंडल
बी एस एन एल कॉम्प्लेक्स, प्रशासनिक भवन
जुहू रोड, सांताक्रुज (प), मुंबई -400054
Maharashtra Telecom Circle,
BSNL Complex, Administrative Building,
Juhu Road, Santacruz (W),
Mumbai- 400054.



भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

No. CGMT/MH/S&M-CFA/FTTH-EOI/2019-20/050

Dated at Mumbai the 18/06/2019

!!!! URGENT !!!!

!!!! TIME BOUND !!!!

**** BY TOMORROW ****

To
All the BA/SSA Heads
Maharashtra Telecom Circle.

Sub:- Proposal for making pending payments of FTTH Revenue share to TIPs.

Ref: BSNL HQ Letter No. 64-253/2017/NWP-BB/FTTH/Pt Dated 17/06/2019

Vide letter under reference, approval of competent authority has been received for; “*the outstanding Revenue share payment in two installment of 25% each in first month and then 25% in next month shall be made through FTTH Wallet of TIPs (as TOP UP).*”

In MH circle, invoices received from TIPs have been processed and ready to be disbursed upto the month of March-2019. For April & May-2019, it is under process and can be used as TOP UP, if required. It is kindly requested to take **CONSENT** from TIPs to use part of pending revenue share as TOP UP of FTTH Wallet. Tentative performa is as enclosed herewith.

These consents may be sent on udaanmh@gmail.com & mshanchate@gmail.com and also to update consent on Google spreadsheet (being shared to SSA TIP Nodal officers). As this task is to be completed in **time bound manner**, it is requested to INSTRUCT TIP Nodal officers to take consents from willing TIPs, through mail or in person and sent the consents & update the Google spreadsheet by **tomorrow 4 pm POSITIVELY.**

Sd/-
(P K Singh)
General Manager (S&M-CFA)
Maharashtra Telecom Circle

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Tentative Performa

Date: ____/06/2019

To,
BSNL, ____ (Name of SSA)

I, Shri. _____ (name of TIP)
representing M/s. _____ (TIP/Vendor Firm) (Vendor
code _____) fully agree to use part of my pending dues towards monthly revenue share
payment through FTTH Wallet TOP UP (Maximum 50% in TWO installments/ or monthly
for two months). I have NO OBJECTION for it and I shall raise no claim for such
disbursement of revenue share in future.

Thanking you

Signature TIP
Seal/Rubber Stamp

CTOP UP Number : _____

Contact No: _____

Franchisee_Codes: _____/_____