

REPORT OF TV BROADCASTING SERVICE PROVIDER FOR THE YEAR /HALF YEAR/ OF 20...

Name of Entity:
Registry number:
Province, city:

TV Broadcasting service provider entities shall fill and submit this form to CRC before 20 Feb of next year and 01 Aug.

Soum, district:

	Indicators	Row No.	Confident iality level	Unit	Total	Explanation
1		2	3	4	5	6
	I. FIN	ANCIAL IND	ICATORS			
Statutory fu	ınd amount - total (Row 5:7)	1	H1			
Of which: by	State owned	2				
Of which: by	Private	3	H2			
ownership type	Joint venture	4				
Total revenue		5				
Total expense		6				
	With own investment	7	H1			
Investment made	With loan investment	8		1000 MNT		
	With other sources	9	1	1000 IVIIN I		
	Total	10	1			
	Social Insurance Fee	11			_	
İ	Corporate Income Tax	12				
Davanua (tav) naid	VAT	13				
Revenue (tax) paid to the state budget	Personal Income Tax	14	H2			
to the state budget	Customs Tax	15				
1	Other taxes and fees	16				
	Total	17				
	II. HUMA	N RESOURCE	INDICATO	RS		
Nun	nber of total employees	18				
	Up to 24	19				
ı	25-29	20				
ı	30-34	21				
	35-39	22				
Of which: by age	40-44	23				
	45-49	24				
	50-54	25				
	55 and more	26				
Of which: by sex	Male	27				
Of Willon, by Sex	Female	28				
	Elementary education	29				
Of which: by education	High school education	30				
	Elementary professional education	31				
	Diploma level, specialized high school education	32				
	Bachelor (or higher)	33	H2	number		
	Electric communication engineer	34				
	Radio communication engineer	35				

	Lawyer		36			
Of which: professional employee	Economist, finance, accountant		37			
	Electronic engineer		38			
	IT Engineer		39			
	Operator		40			
	Other (translator, journalist, etc.)	designer	41			
	Education doctor		42			
	Scientific doctor		43			
Of which: with scientific degree	Primer engineer		44			
Colorumo degree	Consultant engineer		45			
	Qualified engineer		46			
	Director, CEO		47			
	Department manager		48			
	Engineer, technician		49			
Monthly average salary	Economist, finance, account	ant	50	H1	1000 MNT	
Salary	Assistant		51			
	Service employee		52			
	Other		53			
	Monthly average salary of er the entity	mployees of	54			
III. SERVICE INDI	CATORS					
Total broadcasting h	ours per day		55			
Total broadcasting h	ours during the report peri-	od	56	H2	hour	
Total hours of advert	tisement, broadcasted duri	ng the	57			
	IV.I	NFORMAT	ION ABOUT	THE PRO	DUCTS	
Own production /	program, documentary	number	58		number	
	/	total	59		hours	
	Children and	number	60		number	
	education	total	61		hours	
	Knowledge	number	62		number	
Of which:		total	63		hours	
	Those advertised	number	64		number	
	Mongolian language, history and culture	total hours	65		hours	
Products received from other studios		number	66		number	
and productions total		total	67		hours	
Of which:	Products with Intellectual property permission Children and education	number	68	H2	number	
		total	69		hours	
		number	70		number	
		total	71		hours	
	Knowledge	number	72		number	
		total	73		hours	

			-		
Entities provided the advertisements	number	74		number	
	total	75		hours	
Ordered or sponsored broadcasts	number	76	1	number	
	total	77		hours	
	III.SERV	ICE QUALITY	INDICATO	RS	
Period of damage or delay occured		78			
Broadcasting work time schedule		79	H2	hours	
IV.	TECHNICAL S	PECIFICATIO	NS OF TRA	NSMITTER	
Name		80		1	
Number of			1		
transmitter		81		Pcs	
Power		82	1	W	
latitude /		83	1	W	
Radius of service		84		km	
band		85		MHz	
Regular hours of			1		
operation		86	H2	Hour	
Elevation (height above sea level)		87		m	
Radius of service		88		km	
Available frequency band		89		MHz	
Active emission power		90		W	
Emission (Polarization)		91			
Standard	92				
Operation time		93	<u></u>	hour	
v	I. TECHNICAL	L SPECIFICAT	IONS OF A	NTENNA	
Name		94			
Number of antenna		95		Pcs	
Gain coefficient		96	H2	dBm	
Antenna height		97		m	
Emission type		-	1		
/aimuth, elevation /		98			
Gain coefficient		99		dBm	
Antenna height		100		m	

Information confidentiality level:

H1 - To be used for the Regulatory Commission only. /Not to be disclosed to public/

***We declare that the information, reference and materials we provided on this form is complete and true. We hereby confirm that we understand that if the information, reference and materials provided on this form is false or incorrect, or incomplete, it'll become a reason to refuse to register or to revoke the license. We confirm that we made this report true and correct.

Prepared by::		/Job title, name, signature/	
Reviewed and accepted by:		/Director, name, signature, stamp/	
	Date: YYYY MM	Tel:	Fax:

H2 - To be used for developing annual communication market report.