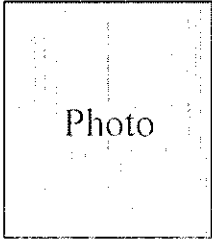


RJA

**APPLICATION
FOR RENEWAL OF JOURNALIST'S ACCREDITATION**



(To be filled in by the applicant)

- 1) Name of Media :
- 2) District :
- 3) Name of Media Person :
- 4) Designation :
- 5) Existing Card No. :
- 6) Phone :
- 7) E-mail :
- 8) Age :
- 9) Date of Birth :
- 10) Date of Retirement :

Information given above are true to the best of my knowledge and belief.

Place :

Signature of applicant

Date :

Name

..... (To be filled in by News Editor)

- 1. No.of Allotted Accredited persons in the Desk.
- 2. No.of Accredited persons Transferred-
during the Year.
- 3. No.of Accredited persons working now.

The particulars given above in respect of Shri/Smt..... have been verified by me and found correct. I hereby certify that Shri/Smt..... (Name) has been working asin the Desk and Journalist's accreditation may be renewed.

Place : Office seal Name :
Date : Signature :
Contact No :

.....(To be filled in by District Information Officer)

1. File No. by which the Application for accreditation/ renewal was sent by District Information Officer :
2. Whether the details of Accredited Person are entered in the register maintained :
3. Whether the date of birth is verified with original documents :
4. Whether a copy of the application is filed in the office :

Yes No

Yes No

Yes No

I hereby certify that Shri/Smt.....has been working as in the Desk of.....(Name of Media) as on the date and particulars furnished by the media person and News Editor are verified with original documents and found correct. The Journalist's accreditation may be renewed.

Place : Office seal Signature of DIO
Date :

FORMAT FOR ID CARD FOR MEDIA PERSONS (USE CAPITAL LETTERS ONLY AND TO BE FILLED BY THE APPLICANT)

*SIGNATURE

*PHOTO

*ACCREDITATION No

PRD				/					/			
-----	--	--	--	---	--	--	--	--	---	--	--	--

*NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*DESIGNATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*NAME OF MEDIA

*RESIDENTIAL ADDRESS

*PHONE (RES)

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*MOBILE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*DATE OF BIRTH (DD MM YY)

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***DATE OF RETIREMENT (DD MM YY)

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*BLOOD GROUP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DRIVING LICENSE NO

PAN NO ELECTORAL ID NO

AADHAR NO (SPECIFY)

*MARKED DESCRIPTIONS ARE MANDATORY FOR CARD PRINTING
*LEAVE A COLUMN AFTER EACH WORD.
**FILL THE COLUMN BY DIO

NAME AND SIGNATURE OF BUREAU
(HIEB NEWS EDITOR WITH OFFICE SEAL)

SIGNATURE
(DISTRICT INFORMATION OFFICER)