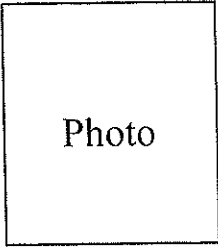


RMA

**APPLICATION
FOR RENEWAL OF MEDIA 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 Bureau Chief)

- 1. No.of Accredited persons allotted to the Bureau (District).
- 2. No.of Accredited persons Transferred during the Year.
- 3. No.of Accredited persons working now.

Reporter	Photographer
<input type="text"/>	<input type="text"/>
Reporter	Photographer
<input type="text"/>	<input type="text"/>
Reporter	Photographer
<input type="text"/>	<input type="text"/>

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 as ain the Bureau and 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 Bureau of.....(Name of Media) as on the date and particulars furnished by the media person and bureau chief are verified with original documents and found correct. The Media accreditation may be renewed.

Place : Office seal Signature of DIO

Date :

