APPLICATION FORM FOR Pvt. ELECTRONIC MEDIA ACCREDITATION FOR 200-200-(To be enclosed with the Covering Letter on Letter Head)

		<u></u> ,	
Name of the PvT. Electronic Medi	a:		
Language	:		
Address	:		
			PASSPORT SIZE PHOTO TO BE PASTED HERE
			(ANOTHER PHOTO TO BE PINNED AT THE RIGHT CORNER OF THE APPLICATION)
Office Telephone No. : E-Mail Address	:	Fax No. :	
Date of commencement	:		
Name of the Editor	:		
Whether Telecasting news (or) not	:		
No. of Media Units working in A. P.	:		
Linkage of the Media Unit	:		
Whether programmes are being Up-linked regularly	:		
PERSONAL INFO: Name of the Applicant	:		
Designation	:		
Nature of duties being attended	:		
Residential Address	:		

Telephone Nos.	Off.	:	R	Res.	Mobile:	
	E.Mail Address					
Whether accreditate	ed earlier (Yes/No)	:				
If accreditated, whe	n	:				
Latest Accreditation	Card No.& year	:				
Experience in detail (proof Certificate sh		:				
			Management/ Media Name	Pe From	eriod To	Total years

Date of joining in present management: (Any Additional information may be annexed)

(Signature of the Applicant)

Editor's Recommendation

••••••	••••••	••••••	 	••••••
••••••	••••••	••••••	 	••••••
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APPLICATION FORM FOR NEWS / PHOTO AGENCY ACCREDITATION FOR 200-200-(To be enclosed with the Covering Letter on Letter Head)

Name of the News / Photo Agency						
Language	:					
Date of commencement	:					
Address	:					
					PASSPORT SI PHOTO TO BE PASTE HERE (ANOTHER PHO TO BE PINNEL AT THE RIGHT CORNER THE APPLICATIO	D DTO D OF
Office Telephone No. E-Mail Address	:			Fax No. :		
Agency Registration No. & Date (Under Shops and Establishment Act. Certificate copy to be enclosed) Latest renewal No. & Date Renewal validity date (Certificate copy to be enclosed) NO. of Paying Subscribers & their details	:					
Name of the Editor	:					
No. of Reporters working	:					
Details of other employees	:					
No. of average News items / Photographs published per month (latest 3 months press clippings to be enclosed) Mode of Dispatch		elep	hone / Teleprinter / I	⁼ ax / E.mail / Cyo	cle Messenger	
Annual Income of the last year from the Journalistic activity (C.A. Certificate to be enclosed) PERSONAL INFO: Name of the Applicant Designation Nature of duties being attended Residential Address	:					
Telephone Nos. Off. :	Res	5.:		Mobile:	E.Mail:	
Whether accreditated earlier (Yes/No)				-		
If accreditated, when	:					
Latest Accreditation Card No.& year	:					
Experience in detail	:					
(proof Certificate shall be enclosed)			Management/ Media Name	Period From	То	Total Year
Date of joining in present manageme (Any Additional information may be annexed)				(Signature	of the Applican	t)
	Editor	<u>'s R</u>	ecommendation			•••••
	••••••	•••••			Signature	•••••

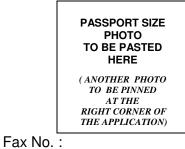
(with stamp)

APPLICATION FORM FOR NEWSPAPER / PERIODICAL ACCREDITATION FOR 200-200-

(To be enclosed with the Covering Letter on Letter Head)

Name of the News Daily/Periodica	ıl:
Language	:
Whether having own News Agence	y:
If yes, Name of the Agency	:
Address	:

YES / NO



Office Telephone No. :	
E. Mail Address	:
R.N.I. Number (Copy to be enclosed)	:
Date of Commencement	:
Size of the News Daily / Periodical	:
No. of Pages	:
Periodicity	:
Name of the Editor	:
Details of Publication Centres	:
Circulation (At State Hqrs.)	:
Circulation (In A. P.) (ABC/RNI latest circulation certificate	:
to be enclosed) PERSONAL INFO:	
Name of the Applicant	:
Designation	:
Nature of duties being attended	:
Residential Address	:

Telephone Nos.	Off.	:	Re	es. :	M	obile:
	E.Mail Addres	s:				
Whether accreditated	earlier (Yes/No)	:				
If accreditated, when		:				
Latest Accreditation C	ard No.& yea	· :				
Experience in detail (proof Certificate shall be encli	osed)	:				
ŭ	,		Management/	Period		Total
			Media Name	From	То	years

Date of joining in present management: (Any Additional information may be annexed)

Editor's Recommendation

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Signature (with stamp)

(Signature of the Applicant)

APPLICATION FORM FOR FRE (To be enclosed with	ELANCER ACCREDI the Covering Letter on		<u>0—200</u>	
Name of the Applicant	:	Letter Head)		
Whether applying for the Accreditation of Freelance Correspondent / Photographer / Cartoonist	:			
Address	:	F		
			PH TO BE HE (ANOTHH TO BE AT RIGHT C	DRT SIZE DTO PASTED RE ER PHOTO PINNED THE DRNER OF LICATION)
Office Telephone No. : E. Mail Address	:	Fax No. :		
Whether accreditated earlier (Yes/No) :				
If accreditated, when :				
Latest Accreditation Card No.& year :				
Experience in Journalism Profession: (Proof Certificate(s) shall be enclosed)				
	Management/ Media Name	Period From	То	Total years

For Freelance Correspondent Accreditation:

(Not less than 6 latest published articles with byline in Big & Medium dailies / Magazines in the year preceding to the date of Application shall be enclosed).

For Photographer/Cartoonist Accreditation:

(Photo/Cartoon clippings published in different daily newspapers / periodicals for a period of (3) months prior to the date of application for accreditation along with a certificate to the effect of publication from the respective organizationshal be enclosed).

Any additional information may be annexed:

APPLICATION FORM FOR OFFICIAL MEDIA ACCREDITATION FOR 200-2	<u> 200-</u>
(To be enclosed with the Covering Letter on Letter Head)	

(10 be e	nciosea with	The Covering Letter on Letter Head)	
Name Of The Media Uniit	:		
Name & Design. Of The Office	Head:		
Office Address	:		
			PASSPORT SIZE PHOTO TO BE PASTED HERE (ANOTHER PHOTO TO BE PINNED AT THE
			RIGHT CORNER OF THE APPLICATION)
Office Telephone No.	:	Fax No. :	
E. Mail Add	dress :		
PROFESSIONAL INFO:			
Name of the Applicant	:		
Designation	:		
Nature of Duties being attended	: b		
Residential Address	:		
Telephone Nos.	Off. :	Res. :	
Ν	lobile :		
E. Mail Addres	S :		
Whether accreditated earlier (Y	es / No):		
If accreditated, when	:		
Latest Accreditation Card No.&	year :		

Service in Media Related Job :

Date of joining in present assignment:

(Any Additional	information may
be annexed).	

(Signature of the Applicant)

Head of the Office Recommendation