

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

Name of the Pvt. Electronic Media:
Language :
Address :

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*(ANOTHER PHOTO
TO BE PINNED
AT THE
RIGHT CORNER OF
THE APPLICATION)*

Office Telephone No. : Fax No. :
E-Mail Address :

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. : Res. Mobile:

E.Mail Address:

Whether accredited earlier (Yes/No) :
If accredited, when :
Latest Accreditation Card No.& year :
Experience in detail :
(proof Certificate shall be enclosed)

Management/ Media Name	Period From	To	Total years
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Date of joining in present management:
(Any Additional information may
be annexed)

(Signature of the Applicant)

Editor's Recommendation

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Office Seal

Signature
(with stamp)

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 :

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 THE APPLICATION)*

Office Telephone No. : Fax No. :
 E-Mail Address :
 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 : Telephone / Teleprinter / Fax / E.mail / Cycle 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.: Mobile: E.Mail:

Whether accredited earlier (Yes/No) :
 If accredited, when :
 Latest Accreditation Card No.& year :
 Experience in detail :
 (proof Certificate shall be enclosed)

Management/ Media Name	Period From	To	Total Year
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Date of joining in present management:
(Any Additional information may be annexed)

(Signature of the Applicant)

Editor's Recommendation

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Office Seal

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/Periodical: _____
 Language : _____
 Whether having own News Agency: **YES / NO**
 If yes, Name of the Agency : _____
 Address : _____

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 THE APPLICATION)*

Office Telephone No. : _____ Fax 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. : _____ Res. : _____ Mobile: _____
 E. Mail Address: _____

Whether accredited earlier (Yes/No) : _____
 If accredited, when : _____
 Latest Accreditation Card No.& year : _____
 Experience in detail : _____
 (proof Certificate shall be enclosed)

Management/ Media Name	Period From	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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Office Seal

Signature
 (with stamp)

APPLICATION FORM FOR FREELANCER ACCREDITATION FOR 200—200-.

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

Name of the Applicant :

**Whether applying for the Accreditation
of Freelance Correspondent /
Photographer / Cartoonist** :

Address :

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Office Telephone No. :
E. Mail Address :

Fax No. :

Whether accredited earlier (Yes/No) :

If accredited, when :

Latest Accreditation Card No.& year :

Experience in Journalism Profession:
(Proof Certificate(s) shall be enclosed)

Management/ Media Name	Period From	To	Total years
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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 organizations shall be enclosed).

Any additional information may be annexed:

(Signature of the Applicant)

APPLICATION FORM FOR OFFICIAL MEDIA ACCREDITATION FOR 200—200-

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

Name Of The Media Unit :

Name & Design. Of The Office Head:

Office Address :

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Office Telephone No. :

Fax No. :

E. Mail Address :

PROFESSIONAL INFO:

Name of the Applicant :

Designation :

Nature of Duties being attended :

Residential Address :

Telephone Nos. Off. :

Res. :

Mobile :

E. Mail Address :

Whether accredited earlier (Yes / No):

If accredited, 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

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Office Seal

Signature
(with stamp)