FORMS
COMMISSIONERATE DEPARTMENT OF INFORMATION AND PUBLIC RELATIONS

SCHEME FOR FINANCIAL ASSISTANCE FROM WELFARE FUND FOR WORKING JOURNALISTS IN ANDHRA PRADESH DEPENDANTS IN DISTRESS

ANNEXURE-I
(to the G.O.Ms.No.1, G.A. (I&PR) Dept., Dt. 1-1-1986)

To
The Director of Information & Public Relations,
Government of Andhra Pradesh,
HYDERABAD.

1. Name in full (in capital letters)
2. Age and date of birth :
3. Full address :
4. In the case of living journalists :-
    a) Details regarding the service of the applicant as a journalist :
    b) Whether un-employed due to ill health :
    c) Whether un-employed due to overage :
5. In the case of families dependant of the deceased journalist :-
    a) Contribution of the deceased journalist to journalism :
    b) The applicant's relationship with the deceased journalist
        (whether widow/widower/son/un-married/daughter/father/mother) :
6. I hereby certify that :-
    a) My income from all sources is Rs._____ per annum.
    b) All the above particulars furnished by me are true and correct to the best of my knowledge.

Place :
Date :   SIGNATURE OF THE APPLICANT

ANNEXURE-II
(to the G.O.Ms.No.1, G.A. (I&PR) Dept., Dt. 1-1-1986)

REPORT OF THE MANDAL REVENUE OFFICER/PRESIDENT/ SECRETARY OF WORKING JOURNALISTS UNION/DISTRICT PUBLIC RELATIONS OFFICER

     I have made necessary enquires regarding the statements in the application form of Sri/Smt. _____ and submit the following report :-

1) The applicant comes under the Scheme for giving financial assistance to Working Journalists/ Dependants in distress.
2) The journalist is un-employed due to ill health/ overage.
3) The applicant is the widow/widower/ son/unmarried/daughter/father/mother of the late _____
4) The age of the applicant as verified from the certificates of date of birth furnished by the applicant or other reliable records (to be specified) is _____ years.
5) The total income of the claimant is Rs. _____
6) The particulars furnished by the applicant is/are Not correct.
7) Other remarks if any :-

Place :
Date :   SIGNATURE
                             Name and address with office seal