APPLICATION FOR ACCREDITATION /REPORTING FACILITIES OF PRESS CORRESPONDENTS TO THE GOVERNMENT OF KERALA AT DISTRICT HEADQUARTERS

Form		
	The Managing Editor/	
	The General Manager/	
	The Managing Director/	
	The Proprietor,	
	(Address	
То		
10	The Director of Public Relations,	
	Government of Kerala, Thiruvananthapuram	
	(Through the District information officer)	
Q:		
Sir,	The compoundant of	(10010 of 1001000000 on 100100
	The correspondent ofagency) whose name and particulars are app	• • •
	granted Accreditation/ Reporting Facilities to the	· · · · · · · · · · · · · · · · · · ·
	allowed the usual facilities:	ne Government of Refata and
(1)	Name of newspaper/news agency	
(1)	(in block letters)	•
(2)	Address	:
()		
(3)	Frequeny of publication (in case of newspaper)	
	Or method of distribution of services, centre of	
	newspaper catered for (in case of news agencies)	:
(4)		
(4)	Audited circulation (copy of certificate enclosed)	
	in case of newspaper	:
(5)	The Class in which the newspaper	
(-)	or agency is placed	:
(6)	Special features of he news agency	:
(7)	whether accredited at the headquarters of the state	
(1)	medici accredited at the neadquarters of the state	•
(8)	Date of commencement of publication/service	:

(9)	Particulars of correspondent for whom accreditation sought	:	
(a)	Name in full	:	
(b)	Father's name	:	
(c)	Age	:	
(d)	Permanent residential address	:	
(e)	Present residential address	:	
(f)	Experience in Journalism	:	
(i)	Name of newspaper/news agency served	:	
(ii)	Position held and their duration	:	
(iii) (iv)	Duration of service in the newspaper, newspaper or agency seeking accreditation Will he be employed wholetime as an accredited	:	
(v)	correspondent on behalf of OR Will he work partly for And partly for other newspapers? If so specify Educational Qualifications	· :	
(g)	Educational Qualifications	•	
(h)	Details of accreditation cards (if any issued by the Government of India or State Government previously		
(i)	held, date of issue and reasons for surrender or cancellation Telephone number of representative	: :	
(10)	I Certified that Shri		
(11)	We agree to abide by the Accrediation Rules.		
Station Date :	: Signatur Managing Editor/Managing	e of General Manager/ g Director/Proprietor	

Signature of correspondent.