

**GOVERNMENT OF MEGHALAYA**  
**DIRECTORATE OF INFORMATION AND PUBLIC RELATIONS**

---

**APPLICATION FORM FOR ACCREDITATION**

CATEGORY FOR WHICH APPLIED	CORRESPONDENT	EDITOR-CUM CORRESPONDENT	CAMERA PERSON
----------------------------	---------------	-----------------------------	------------------

**PERSONAL DATA**

1. Name of the journal: \_\_\_\_\_  
(In Block Letters)
2. Father's/Mother's/Husband's Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Office Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_
7. Present Residential Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_
8. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
9. Places of Stay during last five years

Sl. No.	Period of Stay		Address	District	State
	From	To			
1.					
2.					
3.					

10. Emoluments/Salary per month: \_\_\_\_\_  
(attach certificate)
11. Present designation in the Organisation: \_\_\_\_\_  
\_\_\_\_\_
12. Whether employed full time: \_\_\_\_\_  
or part time?

13. Are you engaged in any other works?: \_\_\_\_\_  
(Please give details)
14. Educational & Other: \_\_\_\_\_  
Qualification.
15. Professional experience:

Sl. No.	Period of Stay		Name of the Post held	News Media Organisation where served as journalist	Salary
	From	To			
1.					
2.					
3.					
4.					
5.					

16. Have you at any time been accredited: \_\_\_\_\_  
with any Government. If so, mention  
the period of accreditation.

I promise that I will not engage myself in any work other than journalistic. I also promise to surrender my accreditation card within 15 days of my ceasing to be the Editor/Correspondent/Cameraperson of the organisation, on whose behalf I am being given accreditation.

Signature of the applicant.

**CERTIFICATE FROM EDITOR/MANAGER**

Certify that Shri/Smti \_\_\_\_\_ is a  
Correspondent of \_\_\_\_\_. She/He requires  
an Accreditation/Correspondent Identity Card to meet and attend official functions to discharge his/her  
duties on behalf of the Newspaper/News Agency.

Certified that Shri/Smti \_\_\_\_\_ is  
working in this Organisation since \_\_\_\_\_.

Place :

Date :

Signature of the Editor  
(Office Seal)

**News Agency/Photo Agency/News Feature Agency**

1. Name of the Agency : \_\_\_\_\_
2. Date of Establishment : \_\_\_\_\_
3. Frequency of distribution of news/photo/feature : \_\_\_\_\_
4. Method of distribution : \_\_\_\_\_
5. Number of subscribes : \_\_\_\_\_
6. Details of subjects covered : \_\_\_\_\_
7. Annual revenue earned during the last financial year : \_\_\_\_\_
8. Number of Correspondent/Cameraperson accereditd at present : \_\_\_\_\_
9. Any other information : \_\_\_\_\_

I hereby certify that the information given in the application form is correct.

I also undertake that I will inform the D.I.P.R. within a period of 15 days of his/her casing to be correspondent/cameraperson etc. in our media organisation and his/her Accreditation card will be returned to the D.I.P.R. immediately.

Date: \_\_\_\_\_ Signature of the Editor/Chief of the organisation \_\_\_\_\_

Name \_\_\_\_\_

Office Stamp: