



**TAMIL DEVELOPMENT, RELIGIOUS ENDOWMENTS
& INFORMATION DEPARTMENT
GOVERNMENT OF TAMILNADU**



**APPLICATION FOR PRESS ACCREDITATION
(to be submitted in duplicate)**

PART I

Name of the Journalist :
(In Capital Letters)

Mother / Father / Spouse Name :
(In Capital Letters)

Category for which applied (Tick the appropriate Column) :

Editor	Correspondent	Reporter	Photographer	Editor cum Reporter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nature of Organisation :

I News Agency providing news to (Tick the appropriate Column)

Newspaper	Magazines	Radio	Television Stations	Others pl. specify.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. News Media (Tick the appropriate Column)

Newspaper	News Agency	Feature/Photo Agency	Broadcasting	Television
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth :

Nationality : _____

Office Address : _____

Telephone No :

Fax No :

Cell No :

E-Mail Address : _____

Present Residential Address : _____

Telephone No :

Fax No :

E-Mail I D : _____

Permanent Residential Address : _____

Salary (per month) :

Nature of Employment : Full Time Part Time

Are you engaged in any other work: _____
If so specify _____

Education & Other qualifications : _____

Professional Experience :

S.No	Period of Service From To		Designation	News Media Organisation	Salary P.M
1					
2					
3					
4					

**Have you ever been accredited with the
Dept. of Information, Govt. of TN.
If so, mention in which Year
you were accredited**

:

Accd. No

Year

valid upto

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

Signature of the applicant

Dated :

Place :-

PART II

Form A : Newspapers

(In case of Newspaper fill A, for News Agencies fill B, for Electronic media fill C)

Name of the Newspaper / periodical : _____

RNI Registration No : _____

Language : _____

Place / places of Publication : _____

Size of the pages of Newspapers : _____

Total No. of pages : _____

Circulation as certified by RNI / ABC : _____
(last year)

Date of such certification : _____

subjects covered in day wise : _____

Status of the newspaper : _____

No of issues published during the : _____
last 12 months.

Name of the Group / Chain. if any to : _____
which the newspaper belongs

If it is a Newspaper group / chain,
please give details of the various
publication of the Group :

S.No	Name of Publication	Language	Place of publication	Circulation

Signature of the Applicant

PART II

Form B : News Agencies

Name of the Agency : _____

Date of Establishment : _____

Frequency of distribution : _____

No of Subscribers : _____

Details of Subjects covered : _____

Number of Correspondents : _____

Any other information : _____

Signature of the Applicant

PART II

Form C : Television News Production Organization

Name of the Organization : _____

Address : _____

Dated of Commencement : _____

Headquarters of the Organization : _____

**Schedule of the telecast of news /
Current affairs programmes.** : _____

**Subject of particular focus by the
media concerned** : _____

Signature of the Applicant

PART III
CERTIFICATE BY EDITOR / CHIEF OF BUREAU

(Applicable only in case of applications recommended for full time employees)

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

I also certify that Thiru/Tmt. _____ is on the pay-roll of our organization.

I further state that I will inform to the department within a period of 15 days in case Thiru/Tmt. _____ ceases to be correspondent/cameraperson etc. in the employment of our organization and his / her accreditation card will be returned to Information department immediately.

Signature of the Editor / Chief of Bureau

Date :

Name :

Office seal :

Part IV

DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM

GENERAL REQUIREMENTS

1. Three recent stamp size photographs with name on the reverse.
2. Copies of appointment letters showing terms and conditions, post, salary, etc. issued by the present and previous employers in favour of the applicant.
3. Latest Salary slip/Certificate.
4. Copy of Service Certificate certifying the period of service of the applicant or a copy of relieving order issued by the previous employer.
5. Copies of certificates of educational and professional qualifications.

OTHER DOCUMENTS REQUIRED:

a) Newspaper/Periodicals

Circulation Certificate issued by the RNI/ABC showing the latest circulation of the Newspaper/Periodical.

Issues of the newspaper/periodical as under:-

1. Last six months Issues (In case of Daily Newspaper)

b) News Agency/Photo News Agency/News Feature Agency

Latest list of subscribers

A Certificate from Chartered Accountant indicating the annual revenue of the agency earned during the last financial year.

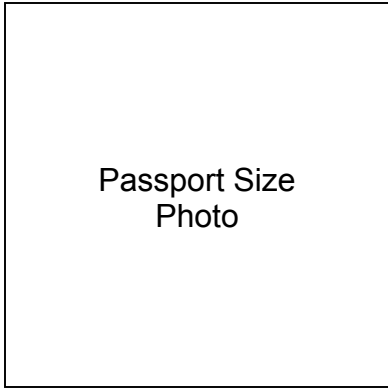
c) Electronic Media

Balance sheet indicating annual revenue earned during the last financial year.

Uplinking/telecast permission from the Ministry of I&B Govt. of India to ascertain the date of commencement of telecast.

FACT SHEET

For Office Use - Accreditation No: _____ Valid Upto : _____



Signature of the Applicant

FACT SHEET

1	Name of the Applicant (Tamil)	:																										
	(English)	:																										
2	Designation	:																										
3	Name of the Newspaper / Media	:																										
	(Tamil)	:																										
4	Office Address	:																										
		:																										
		:																										
		:																										
		Pin code No	:																									
	a)	Telephone No	:																									
	b)	Fax No.	:																									
c)	E – mail	:																										
5	Date of Birth and Age	:																										
6	Residential Address	:																										
		:																										
		:																										
		Pin Code No	:																									
	ii)	Telephone No	:																									
	iii)	Cell No	:																									
For Office Use only– Accreditation No																												

Signature of the Applicant

Date :

Place :