

**APPLICATION FORM FOR ACCREDITATION OF PRESS REPRESENTATIVES AT
THE STATE/DISTRICT/SUBDIVISION/BLOCK HEADQUARTERS OF ORISSA**

To

The Director, Information & Public Relations Department, Bhubaneswar

SIR,

I, the correspondent of.....(Name of the Newspaper/News Agency)
with the particulars appended herewith may kindly be granted accreditation to the Government
of Orissa to work with my headquarters at.....

- (1) Name in full (in block letters) ..
- (2) Father's/Husband's name in full (in block letters).
- (3) (a) Present residential address
Telephone No.
- (b) Office address in full, Telephone No.
- (4) Permanent Home address ..
- (5) Nationality ..
- (6) Date and place of birth ..
- (7) Name and address of the Newspaper/
News Agency/Media Organisation on
whose behalf of accreditation is being
sought.
- (8) Designation ..
- (9) Are you working only as a Correspondent/
Editor or also as Director/owner.
- (10) Whether employed whole-time or part-
time ?
- (11) Are you engaged in any other work ?
(Please give details).
- (12) Educational and other qualifications ..
- (13) Professional & Experience (in chronologi-
cal order).

Newspapers/News Agency where salaried posts were held	Post held	Period of service		Salary drawn
		From	To	
(1)	(2)	(3)	(4)	(5)

- (14) Were you accredited with Central/State Government, if so, please give details.
- (15) Since when residing at the headquarters of State/District/Sub division/Block (Strike out which is not applicable).
- (16) Places of stay during the last five years with full address.

I agree to abide by the Orissa Press Accreditation (Constitution of the Press Accreditation Committee and Grant of Accreditation) Rules, 1990, as amended from time to time, of the Information P. R. Department and to accept the decisions of Government of Orissa in the said Department.

I promise that I will not engage myself in any work other than journalistic. I will also surrender my accreditation card within 15 days of my ceasing to be a correspondent from this Newspaper/News Agency.

Certified that the above information is correct.

Yours faithfully,

Date

Signature of the Correspondent

**TO BE FILLED IN BY THE EDITOR/GENERAL MANAGER OF THE NEWSPAPER/
NEWS AGENCY/MEDIA ORGANISATION**

1. Information about the newspaper—

- (a) Name and address of newspaper ..
- (b) Name of the Editor ..
- (c) Periodicity of publication (Daily/Weekly/Fortnightly) ..
- (d) Language ..
- (e) When established ..
- (f) Subjects covered ..
- (g) Areas covered ..
- (h) Circulation (Attested copies of circulation certificates from R. N. I. and Chartered Accountant should be attached). Circulation figures in Orissa to be shown in case of papers, published outside the State.
- (i) No. of correspondents accredited at present (in the category for which this application is submitted).
- (j) Group/Chain to which the paper belongs.

2. Information about the News/Feature Agency—

- (a) Name and address of the News Agency ..
- (b) Name of the General Manager ..
- (c) When established ..

- (d) Number of Newspapers served regularly on commercial basis (Attach list).
- (e) Annual revenue (Attach a photostat copy of the certificate from a Chartered Accountant verifying the revenue of the agency, received as subscriptions from news media organisations).
- (f) Frequency, volume of service and method of distribution.
- (g) Type of coverage in which interested..
- (h) Any other information, if any ..

3. Certified that Shri.....
 is working as a full-time/part-time correspondent and he is being paid a salary of Rs.....
 (Rupees.....) per month. The information furnished by him is
 correct to the best of my knowledge.

I undertake to inform the Director, I. & P. R. WITHIN A PERIOD OF 15 DAYS OF
 HIS CEASING TO BE A CORRESPONDENT.

Date

Name and Signature of the Editor/General
 Manager with office stamp

Verification Report and recommendations of the Collector and District Magistrate in case of
 District/Subdivision/Block level correspondents.

Date

Signature of the Collector and District
 Magistrate with office seal

NOTE—

- (1) Please furnish reply to every column
- (2) This form is to be submitted in triplicate alongwith three attested copies of passport size photographs of the applicant.
- (3) A letter from the Editor/General Manager to the Director of Information & Public Relations requesting for grant of accreditation is necessary.
- (4) Attested copies of certificates in support of entries in columns 12 to 14 should be attached.
- (5) Please attach a copy of the terms and conditions of your appointment including pay and other emoluments in the present organisation.
- (6) Please attach some recent copies of the newspaper/periodical/news feature materials, as the case may be.
- (7) The application will be considered in accordance with the conditions laid down in the Rules for Accreditation notified by the Government.
- (8) The application for accreditation to District/Subdivision/Block level correspondents should be recommended by the concerned Collector and District Magistrate.
- (9) Incomplete application will not be accepted.