

Government of Orissa
Information & Public Relations Department
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MEDIA QUESTIONNAIRE FORM

Space for
Photograph

1. PUBLICATION RECORD

1. Title of Publications
2. Language
3. Periodicity (Daily/Weekly/Bi-weekly/Fortnightly/Monthly/Quarterly)
4. Due Date/Month of Publication
5. Date of original establishment
6. R.N.I. Redg. No. _____ Date _____
7. Complete postal address of
Publication (In Block Letter)
(a) Phone _____ (b) Fax _____ (c) E-Mail _____
8. Bhubaneswar office address if any
9. Name of the Managing Editor
10. Name of the Editor
11. Name of the Publisher
12. Name of the Printer
13. Actual No. of Publishing
(Days in last year)
14. No. of the Declared Holidays
15. Weekly Holidays if any
16. Whether the publication has more
than one publication published under
same ownership or by the same publisher.
Details of No. of publication to be
Mentioned.
17. Name, Address & Telephone No. of
The Representative at Bhubaneswar
18. Valid G.S.T. No.

(B) EDITORIAL OBJECTIVES

1. Appeal to any special section of Readers

2. Special Regular Features
 - (i) Gen. News/out Affairs
 - (ii) Employment
 - (iii)Tender
 - (iv) Health & F.W
 - (v) Art & Culture
 - (vi) Sports
 - (vii)Women
 - (viii) Eco/trade/Comm.
 - (ix) Agriculture
 - (x) Film
 - (xi) Children
 - (xii) Sc & Tech
 - (xiii) Youth affairs
 - (xiv) Literature
 - (xv) Education
 - (xvi) Rural Development
 - (xvii) Research
 - (xviii) Environment

- (3) Any Special Edition

- (4) Any Services Subscribed

- (5) Official organization if any
(Institution Group, Party or Society)

- (6) Whether used at any time for
Government of India

2. Average No. of copies Distributed Free of cost
 1. Jan-June of the last year
 2. July-Dec. of the last year

4. Whether R.N.I assessed your circulation : Yes/No
If yes, year of RNI assessment
Circulation claimed
Circulation assessed

5. Whether you are member of ABC
If yes, copy of certified circulation
Certificate (July-December) last year

6. Circulation Analysis
Please attach a separate sheet of circulation
Giving the name of States/Districts/Towns with
Details circulation

7. Chartered Accountant or District Magistrate
Certificate in respect of circulation (in the
Proforma as follows)

I/We have examined the books of Accounts No. _____ of _____ for the period from _____ to _____ and have obtained all the informations and explanations required by us. The relevant records reflect true and correct analysis of the number of copies brought out and the sales of publication during the aforesaid period. The following particulars contained in the records are true to the best of my/our information and belief.

- (i) No. of copies printed per day
- (ii) No. of copies despatched to Agents for sale
- (iii) No. of copies despatched to subscribers
- (iv) No. of copies sold by cash sale & amount deposited in the A/C No _____ of _____ Bank.
- (v) No. of copies distributed free

TOTAL PAID CIRCULATION PER DAY

(ii + iii + iv)

- (vi) Average paid circulation per month
- (vii) Average paid circulation per year
- (viii) Profit and loss accounts statement
- (ix) Income tax number

Place

Date

**Signature of the Chartered
Accountant with seal and
Redg. No/Signature of
District Magistrate with
official Seal.**

E. ADVERTISEMENT RATE

- 2 Please Quote the rate fixed for all Govt. of India's Advertisement Released Directly by the D.A.V.P (Copy to be attached)
- 3 Please quote the minimum rate Acceptable For the State Government Advertisement
- 4 Minimum contract rate that you are charging From the loading Advertiser or Advertising Agency
- 5 What is the percentage of commission allowed To the Advertising Agency
- 6 Payee's Name (for issue of Chque/DD)
- 7 Present Status of DAVP empanel.

(F) OTHER DATAS

- (1) Whether the Newspaper is a member of the Press Council of India
If Yes, please produce 'a No dues certificate' from the Council Regarding payment of levy to the council
- (2) Number and Categories of employee engaged in Printing, Distribution and Management

Signature of the Publisher
Full Name in Capital letter
Official Seal
Date:

DECLARATION

I _____ S/O,D/O,W/O _____
publisher of _____ in _____ language
_____ (Periodicals) published from _____
address _____ solemnly declare that the above information is true and correct to the best of my knowledge and belief.

That the newspaper is being regularly published and its average circulation figure for the year is (sold) _____ (free) _____ which is supported by certificate of C.A/R.N.I./DAVP/ABC. That the return of the questionnaire form fill in involves no commitment by or on behalf of Govt. of Orissa regarding the issue of advertisements.

That the rate quoted is the minimum that is being charged from the other advertisers.

Full signature of Publisher

**INSTRUCTION TO PUBLISHERS AND SUPPORTING
DOCUMENTS/INFORMATION REQUIRED**

1. Media Questionnaire form should be duly filled in All respect and submitted in Original
2. Current R.N.I Certificate of Registration
(Please Attach Attested Photo Copy)
3. Attested copy of the Declaration made before A.D.M
4. Attested photo copy of Annual Return submitted to R.N.I for the previous year along-with the copy of the Receipt obtained from the postal Authority Regarding posting of documents to R.N.I New Delhi.
5. Attested photo copy of the A.B.C Certificate if any in Support of circulation
6. A Certificate in original from the chartered Accountant Or from the concerned District Magistrate Regarding Circulation (In case of C.A the certificate should be type Written in the letter pad of the C.A as per proforma at Sl no.7 of 'D' of M.Q.F)
7. Attested photocopy of the D.A.V.P Rate contract of the current year
8. Copy of the latest R.N.I circulation Assessment Report in case of fresh approval
9. Specimen copies of each Issue of the last one year
10. Self attested passport size photograph of Publisher.
11. Valid G.S.T. No. with G.S.T. paid certificate w.e.f. 01.07.2017