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GOVERNMENT OF ODISHA
INFORMATION AND PUBLIC RELATIONS DEPARTMENT

OSWAS No. IPR-PM-MISC-0027-2017 ^{*****} 636 /IPR, BBSR, Dated 15/01/18
(PC-36/16)

From

Sri Laxmidhar Mohanty, O.A.S (SAG)
Director, I & PR Department.

To

All Collectors

Sub:- Identification of Journalists & insurance coverage thereof.

Sir,

I am directed to say that "Odisha State Working Journalists' Health Insurance Scheme-2016" has been notified by Government to provide Health Insurance facilities to the Working journalists of the State. All Accredited Journalists/ Journalists of Approved Newspapers/ Journalists of Electronic Media/Web Media/ News Agencies as identified by the Government can avail this benefit.

Government have now decided that the Working Journalists identified by district administration and names of Working Journalists submitted/ recommended by DIPROs concerned with approval of Collector shall be eligible for availing the benefits of the Scheme.

An application format devised to apply for inclusion of the name in the list of identified Working Journalist & to cover under Health Insurance Scheme is enclosed as (Annexure-A).

Further, the list of Working Journalists received from different Districts has been hoisted in the website <http://inpr.odisha.gov.in/>. The said list needs revisit to delete the names of persons who have left the profession and changed the media house to prepare the valid list after addition and deletion of names from the list.

You are, therefore, requested to identify the Working Journalists as per "Working Journalists & other Newspaper Employees (conditions of Service) & Miscellaneous Provisions Act-1955" & submit the list in prescribed format at Annexure-B (in Pdf and Excel in softcopy) along with the application form to this Department within 15 days of receipt of the letter. Abstract list of family members of the Journalists to be covered is to be furnished in the format at Annexure-C (in Pdf and Excel in softcopy).

The final list of Working Journalist after revisit of the existing list and addition of new persons identified is to be prepared and submitted to the Department on time.

This may be treated as urgent.

Yours Faithfully

Director

Memo No 637, Date 15/01/18

Copy forwarded to all DIPROs for information and necessary action.

Director

PTO

Memo No 638, Date 15/01/18

Copy forwarded to P.S to Hon'ble Minister, I & P.R./ P.S to Principal Secretary, I & P.R/P.A. to Director I & P.R for kind information of Minister/ Principal Secretary & Director respectively.


Joint Director-cum-Deputy Secretary to Govt.

Memo No 639, Date 15/01/18

Copy forwarded to System Analyst for information and necessary action. He is requested to take appropriate steps for uploading the letter in the Information & Public Relations Department Website.


Joint Director-cum-Deputy Secretary to Govt.

Part-'A'

**APPLICATION FORM FOR ENLISTMENT OF PRESS REPRESENTATIVES AT THE
STATE/DISTRICT/SUB-DIVISION/BLOCK HEADQUARTERS OF ODISHA**

To

The District Information & Public Relations Officer

Photo
(Passport size)

Sir,

I Smt./Sri _____ working in the organization

_____ (Name of Newspaper/News Agency/Electronic Media/Web Media/
Freelance Journalists) with the particulars mentioned below request to include my name in the
list of identified Working Journalists of Odisha.

1. Name in full (In block Letters) :
2. Father's/Husband's name in full (In block Letters) :
3. (a) Present address :
- email id -
- Telephone/Mob No. - :
- (b) Office Address in full :
- Office Telephone No -
- e-mail id - :
4. Permanent Address :
5. Nationality :
6. Date and place of Birth :
7. Educational and other qualifications :
8. Name and address of the Newspaper/News Agency/
Media Organization (Print/Electronic) on whose
behalf He/She is/was working :
9. Designation - specify category (Block/Sub-Division/
District/State Level Journalists) :
10. Identity Proof as Journalist, if any :
11. Whether employed Full-time/Part time/ Contractual/
Honorary :

12. If engaged in any other work/profession, give details :

13. Whether working as a accredited freelance journalists :

14. Whether accredited with Central/State Government, :
if so, please give details

15. Professional Experience (In chronological order) :

Name of the Media Organization (Print/Electronic)/ News Agency	Post Held	Period of Service from.....to	Remuneration, if any received during the period

16. Whether working or retired

17. Residing at the headquarters of State/District/Sub-Division/Block since _____.

N.B – Documents in support of information submitted is to be attached with the application form.

Yours faithfully,

Date

Signature of the Media Person/Applicant

Certified that the above information are correct as per the documents submitted by Smt./Sri.....

Signature of the DI&PRO

Part – 'B'

**DETAILS OF FAMILY MEMBERS
TO BE COVERED UNDER HEALTH INSURANCE SCHEME**

Sl. No.	Name of the Journalist	Name of Newspaper/ Electronic Media	Name of the family members to be covered	Date of Birth	Relationship with Journalist	Gender	Location
1	2	3	4	5	6	7	8

Annexure-B (for use of DIPROs)

PROFORMA FOR DETAIL INFORMATION ON MEDIA PERSONNEL

Sl. No	Name & Address	Media House / (Print / Electronic)	Date of Birth	Educational Qualification	Type of Journalist (State level/District level/Sub-Divisional level/Block level)	Employed Whether Full Time / Part Time	Whether Honorary / Paid / Contractual	Any other Document submitted by the journalist		
								Identity Card	Appointment Letter	Salary Slip
1	2	3	4	5	6	7	8	9	10	11

Annexure-C (for use of DIPROs)

DETAILS OF FAMILY MEMBERS
TO BE COVERED UNDER HEALTH INSURANCE SCHEME

Sl. No.	Name of the Journalist	Name of Newspaper/ Electronic Media	Name of the family members to be covered	Date of Birth	Relationship with Journalist	Gender	Location
1	2	3	4	5	6	7	8