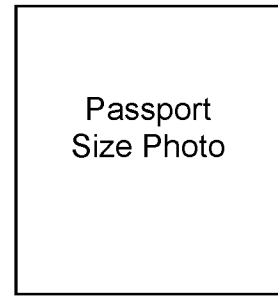


செய்தியாளர் அங்கீகார அட்டை

PRESS ACCREDITATION

GOVERNMENT OF PUDUCHERRY
Directorate of Information & Publicity



APPLICATION FOR PRESS ACCREDITATION

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 / Sub-Editor	Correspondent	Reporter	Photographer/ Cameraman	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		Designation	News Media Organisation	Salary P.M
	From	To			
1					
2					
3					
4					

Have you ever been accredited with the Directorate of Information & Publicity, Govt. of Puducherry

If so, mention in which Year you were accredited

Accd. No Year valid upto

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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/Sub-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.

2. I also certify that Thiru/Tmt. _____ is on the payroll of our organization w.e.f. _____ to _____ and is a working journalist as defined in the Working Journalists and Other Newspaper Employees (Conditions of Service) and Miscellaneous Provisions Act, 1955 (Central Act 45 of 1955) and employed whole time as a correspondent.

3. I further state that I will inform the Director of Information and Publicity Department, Puducherry 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 :

To

The Director
Department of Information and Publicity
Puducherry

FORM FOR RENEWAL OF PRESS ACCREDITATION CARD -

From

To

The Director
Directorate of Information & Publicity
Pondicherry.

Sir,

Sub: Press Accreditation Card – Renewal for the year..... – Reg.

Thiru/Tmt/Selvi

.....

Reporter/ Correspondent/Photographer/Cameraman of

.....

residing at

.....

..... who is accredited to Government of Puducherry will continue in service during the year.....also. His/Her accreditation card may therefore be renewed for two years with effect from

His/Her accreditation Card No. during the year.....

In case, He/She ceases to serve in our organisation during....., the fact will be intimated at once and his/her Press Accreditation Card, Bus Passes etc., will be surrendered to Govt. immediately without fail.

It is certified that Thiru/Tmt/Selvi.....is working as Journalist, as defined in the 'Working Journalists (and miscellaneous provisions) Act 1955' and employed as full – time Reporter/ Correspondent/ Photographer/Cameraman in our Organisation.

Yours faithfully,

Signature of the Editor /
Chief of Bureau

தகவல் படிவம் (Fact Sheet)

புகைப்படம்
(Photo)
(Pass Port Size)

1. விண்ணப்பதாரர் பெயர் :
(தமிழ் மற்றும் ஆங்கிலம்)
Name of the Applicant
(Tamil & English)
2. பதவி :
(Designation)
3. பணிபுரியும் நிறுவனத்தின் பெயர் :
(Name of the Organisation)
4. பணிபுரியும் நிறுவன முகவரி :
(தொலை பேசி எண் / நிகரி எண் /
மின் அஞ்சல் முகவரி)
Address of the Organisation
(Phone / Fax / Email Address)
5. பிறந்த தேதி / வயது :
(Date of Birth & Age)
6. நிரந்தர இருப்பிட முகவரி :
Permanent Residential Address
7. தற்போதைய இருப்பிட முகவரி :
Present Residential Address
8. இருப்பிட தொலைபேசி மற்றும் கைபேசி எண் :
Residence Phone, Mobile No.

கையொப்பம்
(Signature)

தேதி :
Date :

விண்ணப்பதாரர் கையொப்பம்
Signature of the Applicant

குறிப்பு: அஞ்சல் தலை அளவிலான வண்ணப் புகைப்படங்கள் இரண்டு இணைக்கப்பட வேண்டும்.
Note: Two Stamp size Colour Photograph to be enclosed.

அலுவலகப் பயனுக்கு மட்டும் For Office Use only

1. செய்தியாளர் அங்கீகாரக் குழுவின் பரிசீலனை நாள் :
2. அங்கீகாரம் வழங்கப்பட்டதா : ஆம் / இல்லை நிராகரிக்கப்பட்ட
காரணம் :
3. அடையாள அட்டை எண் :
4. இதர குறிப்புகள் :