RMA

APPLICATION FOR RENEWAL OF MEDIA ACCREDITATION

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(To be filled in by the applicant)

					
1) Name of Media	:				
2) District	:				
3) Name of Media Person	:				
4) Designation	:				
5) Existing Card No.	:				
6) Phone	:				
7) E-mail	:				
8) Age	:				
9) Date of Birth	:				
10) Date of Retirement	<u>.</u> :				
Information give	en above are true to the best of my know	vledge and belief.			
•					
Place:	Signature o	of applicant			
Date:	Name				
Dute.					
(To be filled in by Bureau Chief)				
		Reporter Photographer			
1. No.of Accredited persons a	Reporter Photographer				
2. No.of Accredited persons					
	•	Reporter Photographer			
3. No.of Accredited persons					

The	particulars	given	above	in	respec	et of	Shri/	
Smt			have	been	verified	by me ar	nd found	
	eby certify that Sl							
has been wo	rking as a			in t	he Bureau	and accr	editation	
may be renev	wed.							
						•		
Place:	Offi	ce seal	· 1	Vame :				
Date:			Sign	ature:		-		
			Contact No:					
					,			
	(To be	filled in by D	istrict Informat	ion Offi	cer)	***************************************		
1. File No. b	y which the Appl	ication for	accreditatio	n/ rene	ewal			
	by District Inform					Yes	No	
2. Whether	the details of Acc	redited Pe	rson are ent	ered in	the	Ites		
register m	aintained :					Yes	No	
3. Whether t	the date of birth is	verified w	ith			 .	<u> </u>	
original d	Yes No							
4. Whether	a copy of the appl	ication is	filed in the o	ffice:		<u> </u>	Accessed to the second	
I here	eby certify that S	hri/Smt				has beei	ı working	
as		in the	Bureau of.				(Name of	
Media) as o	n the date and par	ticulars fu	rnished by th	ne med	ia person	and burea	u chief are	
verified wit	h original docum	ents and f	ound correc	t. The	Media a	ccreditation	on may be	
renewed.	-							
						G:	ma of DIO	
Place:		Office	seal			Signan	ire of DIO	
Date:								