RJA

APPLICATION FOR RENEWAL OF JOURNALIST'S ACCREDITATION

(10)	г инсо игоу ше арри	cant)		J		
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	:					
Information give	en above are true to th	ne best of my knowledge a	nd belief.			
Place :		Signature of appli	vant			
Date:		Signature of applicant Name				
(To be f	illed in by News Edi	(or)				
1. No.of Allotted Accredited p	-					
2. No.of Accredited persons T						
during the Year.						
3. No.of. Accredited persons w	vorking now.			$\overline{}$		

	particulars						
	 tify that Shri/Smt.						
I nereny cen	nat 2017/2016		in the I	Dosk an	d Tournalis	t's accred	litation
may be renev			,,,,,,,,,,	year an	<u> </u>		
may be renev	wed.						
Place :	Offic	e scal		Name :			
	(),,,,	()Thee sear				\$ •	
Date:				nature :			
			Contac	et No :			
***************************************	(To be fi	illed in by D	istrict Informa	ition Offic	eer)	****************	
						i	
1. File No. b	y which the Appli	cation for	accreditatio	m/ rene	wal		
	by District Inform						
2. Whether t	the details of Accr	edited Pe	rson are ent	tered in	the [Vac Na]
register maintained :				L	Yes No]	
3. Whether the date of birth is verified with original documents:					Yes No		
=	a copy of the appli	cation is f	filed in the c	office:		Yes No	
		1.273	*				- varkina
	eby certify that Sh						
	n the date and parti						
	h me date and pard h original docume						
be renewed.				-			•
Control of the Contro							
Place:		Office	seal			Signature	of DIO
Date:							