

Information & Public Relations Department, Secretariat, Chennai-600 009.

APPLICATION FOR ISSUE OF PRESS ACCREDITATION CARD

No.	From To No of	Designation	Name of Organisation
7.	Experience: Period of service	Decimation	Name of Organization
	Residential Address Telephone No. Mobile No. e-mail ID	:	
(I N	Type of organisation Please state Newspaper (Morning)/ Newspaper (Evening)/Radio/ TV Channel/News agency)	:`	
	lame of the Organisation, address, Tel.No. & Fax No.	:	
3. [Date of Birth	:	
	Designation Please State full time or part time)	:	Stamp size photo
	ame of the applicant In capital letters)	:	

SI. No.	Period of service		rvice	Designation	Name of Organisation
	From	То	No. of years		

8.	Details of Tamil Nadu Government	:	Card No.
	Accreditation Card if any possessed earlier		Valid upto:

9 (a) **NEWSPAPERS** (To be filled in by employees of Newspaper Organisations only)

Name of the Newspaper (Morning (or) Evening)	Circulation as certifed by RNI/ABC (last year)	
RNI Registration No.	Date of such certification	
Language	Subjects covered daily	
Place/Places of Publication	Status of the newspaper	
Size of the pages of Newspapers	Name of the Group/Chain, if any to which the newspaper belongs	
Total No. of pages	If it is a Newspaper group/chain, please give details of the various publications of the Group	

SI. No.	Name of Publication	Language	Place of Publication	Circulation

9 (b) $\underline{\textbf{TELEVISION}}$ (To be filled in by employees of TV Organisations only)

Name of the Organisation	Number of hours	
	telecast in a day	
Details of permission	Method of telecast	
accorded by	services offered	
Information &	(Cable, DTH, Web,	
Broadcasting Ministry,	etc.)	
Government of India.		
Date of Commencement	Schedule of the	_
of telecast	telecast of news/	
	Current affairs	
	programme	
Head Quarters of the	Subject of particular	
Organisation	focus by the media	
	concerned.	
	Countries/States/Cities	
	in which the	
	programmes can be	
	watched	

9 (c) **NEWS AGENCIES** (To be filled in by employees of News Agencies only)

Name of the Organisation	No. of subscribers
Date of Establishment	Details of subjects covered
Frequency of distribution	Number of Correspondents

SIGNATURE OF APPLICANT WITH DATE
10. Certificate (To be furnished by Editor/Chief of Bureau)
I hereby certify that the information given in the application form is correct.
I also certify that Thiru/Tmt is or he pay-roll of our organization.
I further state that I will inform to the Information department, Government of Tamil Nadu within a period of 15 days in case Thiru/Tmt. ceases to be employee of our organization and his / her accreditation card & bus pass will be returned to Information department immediately.
Signature of the Editor / Chief of Bureau with date

Designation seal

Office seal

PHOTO COPIES OF DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM

- 1. Three recent <u>sticke</u>r type stamp size photographs with Name & Organisation written on the reverse. (One to be affixed in the application, one to be affixed in the Fact Sheet, One to be enclosed along with the application)
- 2. Copy of Experience Certificate for not less than 3 years issued by the employer.

3. Newspaper

- a) Circulation Certificate issued by the RNI/ABC showing the latest circulation of the Newspaper issues of the newspaper.
- b) Last six months Issues (In case of New Daily Newspaper)

(or)

News Agency/Photo News Agency/News Feature Agency

Latest list of subscribers

A Certificate from Chartered Accountant indicating the annual revenue of the agency earned during the last financial year.

(or)

Electronic Media

Balance sheet indicating annual revenue earned during the last financial year.

Uplinking/telecast permission from the Ministry of I&B Govt. of India to ascertain the date of commencement of telecast.

<u>N.B.</u>

- 1. Applications containing insufficient information and not supported by valid documents are liable to be summarily rejected.
- 2. The particulars in the Fact Sheet should be typed.

FACT SHEET

(All the information should be typed

Stamp Size Photo

1. Name :

Signature of Applicant :

3. Organisation :

4.Residential Address:

5. Mobile No.