

GOVERNMENT OF MEGHALAYA
DIRECTORATE OF INFORMATION AND PUBLIC RELATIONS

APPLICATION FORM FOR ACCREDITATION

CATEGORY FOR WHICH APPLIED	CORRESPONDENT	EDITOR-CUM CORRESPONDENT	CAMERA PERSON
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PERSONAL DATA

1. Name of the journal list: _____
(In Block Letters)
2. Father's/Mother's/Husband's Name: _____
3. Date of Birth: _____
4. Place of Birth: _____
5. Nationality: _____
6. Office Address: _____
Telephone No. _____ Fax No. _____
E-Mail Address _____
7. Present Residential Address: _____
Telephone No. _____ Cell Phone No. _____
8. Permanent Address: _____

9. Places of Stay during last five years

Sl. No.	Period of Stay		Address	District	State
	From	To			
1.					
2.					
3.					

10. Emoluments/Salary per month: _____
(attach certificate)
11. Present designation in the Organisation: _____

12. Whether employed full time: _____
or part time?

13. Are you engaged in any other works?: _____
(Please give details)
14. Educational & Other: _____
Qualification.
15. Professional experience:

Sl. No.	Period of Stay		Name of the Post held	News Media Organisation where served as journalist	Salary
	From	To			
1.					
2.					
3.					
4.					
5.					

16. Have you at any time been accredited: _____
with any Government. If so, mention
the period of accreditation.

I promise that I will not engage myself in any work other than journalistic. I also promise to surrender my accreditation card within 15 days of my ceasing to be the Editor/Correspondent/Cameraperson of the organisation, on whose behalf I am being given accreditation.

Signature of the applicant.

CERTIFICATE FROM EDITOR/MANAGER

Certify that Shri/Smti _____ is a
Correspondent of _____. She/He requires
an Accreditation/Correspondent Identity Card to meet and attend official functions to discharge his/her
duties on behalf of the Newspaper/News Agency.

Certified that Shri/Smti _____ is
working in this Organisation since _____.

Place :

Date :

Signature of the Editor
(Office Seal)

News Agency/Photo Agency/News Feature Agency

1. Name of the Agency : _____
2. Date of Establishment : _____
3. Frequency of distribution of news/photo/feature : _____
4. Method of distribution : _____
5. Number of subscribes : _____
6. Details of subjects covered : _____
7. Annual revenue earned during the last financial year : _____
8. Number of Correspondent/Cameraperson accerdited at present : _____
9. Any other information : _____

I hereby certify that the information given in the application form is correct.

I also undertake that I will inform the D.I.P.R. within a period of 15 days of his/her casing to be correspondent/cameraperson etc. in our media organisation and his/her Accreditation card will be returned to the D.I.P.R. immediately.

Date: _____ Signature of the Editor/Chief of the organisation _____

Name _____

Office Stamp: