

ANNEXURE-I

(See rule 12 of the Orissa News Media Accreditation Rules,2006)

**APPLICATION FORM FOR ACCREDITATION OF NEWS MEDIA
REPRESENTATIVES AT THE STATE/DISTRICT/SUBDIVISION/BLOCK
HEADQUARTERS OF ORISSA**

To

The Director,
Information & Public Relations Department,
Bhubaneswar

Sir,

I, the news representative of(Name of the Print
Media/Electronic Media Organisation) with the particulars appended herewith may
kindly be granted accreditation by the Government of Orissa to work with my
headquarters at

(1) Name in full (in block letters) :

(2) Father's /Husband's name in full
(in block letters) :

(3) (a) Present residential address,telephone No. :

(b) Office address in full, Telephone No. :

(4) Permanent Home address :

(5) Nationality :

(6) Date and place of birth :

(7) Name and address of the Print / Electronic
Media Organisation on whose behalf
accreditation is being sought. :

(8) Designation :

(9) Are you working only as a News
Representative/ Editor or also as General Manager :

(10) Whether employed whole-time or part-time ? :

(a) Give details and state the salary/emoluments

(b) Are you coming under EPF, If yes, please
attach EPF slip along with salary slip for
for last one year.

(11) Are you engaged in any other work ? :
(Please give details)

- (12) Educational and other qualifications :
 (13) Professional & Experience :
 (in chronological order)

Print/Electronic Media where Salaried posts were held (1)	Post held (2)	Period of service		Salary drawn (5)
		From (3)	To (4)	

-
- (14) Were you accredited with Central/State Government, if so, please give details. :
 (15) Since when residing at the headquarters of State/District/Sub division/Block (Strike out which is not applicable) :
 (16) Places of stay during the last five years with full address. :

I agree to abide by the Orissa News Media Accreditation Rules, 2006 as amended from time to time, of the Information & P.R. Department and to accept the decisions of Government of Orissa in the said Department.

I do hereby declare that there is no dues pending against me towards rent of the Government quarters, dues of electricity/water charges.

I promise that I will not engage myself in any work other than journalistic. I will also surrender my accreditation card within 15 days of my ceasing to be a news representative from this Print /Electronic Media/Media Organisation.

Certified that the above information is correct.

Yours faithfully,

Date.....

Signature of the News- representative

**TO BE FILLED IN BY THE EDITOR/GENERAL MANAGER OF THE
PRINT/ELECTRONIC MEDIA/MEDIA ORGANISATION**

1. Information about the newspaper-

- (a) Name and address of newspaper :
- (b) Name of the Editor :
- (c) Periodicity of publication(Daily/
Weekly/Fortnightly). :
- (d) Language :
- (e) When established :
- (f) Subjects covered :
- (g) Areas covered :
- (h) Circulation(Attested copies of circulation
certificates from R.N.I. and Chartered
Accountant should be attached).
Circulation figures in Orissa to be shown
in case of papers, published outside the State . :
- (i) No. of News Representatives accredited
at present(in the category for which this
application is submitted). :
- (j) Group/Chain to which the paper belongs :

2. Information about the News/Feature Agency-

- (a) Name and address of the Electronic Media :
- (b) Name of the General Manager :
- (c) When established :
- (d) Number of Newspapers served regularly
on commercial basis(Attach list). :
- (e) Annual revenue (Attach a Photostat copy
of the certificate from a Chartered Accountant
verifying the revenue of the agency, received
as subscriptions from news media organizations). :
- (f) Frequency, volume of service and method of
distribution. :
- (g) Type of coverage in which interested :
- (h) Any other information, if any :

3. Information about the Electronic Media

1. Name and address of
 - (a) T.V./Radio News/Satellite Channel/
News Magazine/News Website
Production Organisation
 - (b) Name of the General Manager
 - (c) When established
 - (d) Number of bulletin/Programme duration
Per day/Air time dedicated to telecast of
News per day/ Cumulative programmes
duration per week on news

2. Name & address of
 - (a) T.V./Radio News Agencies.
 - (b) Name of the General Manager
 - (c) When established
 - (d) Accrual of Annual Revenue from
News Clips/details of supply of
News clips to Satellite T.V./Radio
Organisation on regular basis.
 - (e) Any other information if any.

4. Certified that Shri/Smt./Ms.....is working as a full-time /part-time News representative and he/she is being paid a salary of Rs.....(Rupees.....) per month whose salary/EPF (if any) Slips (attested) are attached. The information furnished by him/her is correct to the best of my knowledge.

I undertake to inform the Director, I & P.R. within a period of 15 days of his/her ceasing to be a correspondent/media representative.

Date.

Name and Signature of the Editor/
General Manager with office stamp

Verification Report and recommendations of the Collector and District Magistrate in case of District/Sub division/Block level correspondents.

Date.

Signature of the Collector and District Magistrate with office seal

NOTE-

1. Please furnish reply to every column.
2. This form is to be submitted in triplicate along with three attested copies of passport size photographs of the applicant
3. A letter from the Editor/General Manager to the Director of Information and Public Relations requesting for grant of accreditation is necessary.
4. Attested copies of certificates in support of entries in columns 12 to 14 should be attached.
5. Please attach a copy of the terms and conditions of your appointment including pay and other emoluments in the present organization.
6. Please attach some recent copies of the newspaper/periodical/news feature materials, as the case may be.
7. The application will be considered in accordance with the conditions laid down in the Rules for Accreditation notified by the Government.
8. The application for accreditation to District/Subdivision/Block level correspondents should be recommended by the concerned Collector and District Magistrate.
9. Incomplete application will not be accepted.

ANNEXURE- II

(See rule 12(iv) of the Orissa News Media Accreditation Rules,2006)

APPLICATION FORM FOR RENEWAL OF ACCREDITATION

To

The Director,
Information & Public Relations Department,
Bhubaneswar

(Through the Collector and District Magistrate concerned in case of District, Sub
division and Block level correspondents)

Sir,

I, the News Representative of(Name of
Print/Electronic Media Organisation) with the particulars appended herewith request you
to please renew my accreditation for another one year from.....to.....

1. Name in full :
2. Designation :
3. Name of Print/Electronic Media :
Organization
4. Present residential address :
5. Accreditation Card No. :
6. Period of validity :
7. Station :

I do hereby declare that there is no dues pending against me towards rent of the
Government quarters, dues of electricity/water charges.

Date.

Signature of the News Representative

RECOMMENDATION BY THE EDITOR/GENERAL MANAGER

Certified that Shri/Ms./Smt.....(Name and designation of the News Representative should be mentioned) with his headquarter at..... is working as a full-time /part-time News representative in our organization and he/she is being paid a salary of Rs.....(Rupees.....) per month whose salary/EPF (if any) Slips (attested) are attached. The information furnished/by him/her is correct to the best of my knowledge.

His/her accreditation may kindly be renewed for another one year from to..... and his/her accreditation card is sent herewith.

Date:.....

Name and Signature of the Editors

Signature of General Manager
with office stamp and
Date.....