

(See rule 11 of the Orissa Working Journalists Welfare Fund Rules, 2006)

Schedule-I

FORM OF APPLICATION

To

The Director of Information & Public Relations,
Government of Orissa, Bhubaneswar.

1. Name of the applicant in full (in capital letters)
2. Age and date of birth:
3. Full address:
4. In the case of living journalists
 - (a) Details regarding the service of the applicant as a journalist :
 - (b) Purpose for which assistance is sought:
 - (c) Documentary evidence in support of the illness, if any:
5. In the case of families dependant on the deceased journalist -
 - (a) Details regarding the service of the deceased journalist -
 - (b) The applicant's relationship with the deceased journalist (whether widow/widower/son/unmarried daughter / father / mother):
6. Details of other source and financial assistance received if any for the purpose mentioned of serial 4(b) :
 - (1) PM/CM Relief Fund Rs. _____
 - (2) From employer Rs. _____
 - (3) Any other source Rs. _____
7. I hereby certify that -
 - (a) My income from all sources is Rs. _____ per annum
 - (b) All the above particulars furnished by me are true to the best of my knowledge.

Place :

Date :

Signature of the Applicant

N.B : The applicant shall enclose the income certificate from competent authority to the application.

Scheduled - II

**REPORT OF PRESIDENT / SECRETARY OF THE UTKAL JOURNALIST
ASSOCIATION / ORISSA UNION OF JOURNALISTS / DISTRICT INFORMATION
AND PUBLIC RELATIONS OFFICER**

I have made necessary enquiries regarding the statements in the application form of Shri / Smt and submit the following report -

1. The applicant comes under the scheme for giving financial assistance to working journalists / dependants in distress.
2. The applicant is the widow / widower / son / unmarried daughter / father / mother of the late
3. The age of the applicant as verified from the certificates of date of birth furnished by the applicant or other reliable records (to be specified) is Years
4. The total income of the claimant is Rs. per annum
5. The particulars furnished by the applicant are correct
6. Other remarks if any -

Place:
Date:

Signature
Name and Address with
office seal