

**APPLICATION FORM FOR OFFICIAL MEDIA ACCREDITATION FOR
THE PERIOD FROM 01.04.2018 TO 31.04.2019**

(To be enclosed with the Covering Letter on Letter Head)

Name of the Media Unit :

Name & Design. of the Office Head:

Address

ONE PASSPORT
SIZE PHOTO TO
BE AFFIXED.

ANOTHER PHOTO
TO BE ENCLOSED

Office Telephone No :

E-Mail Address / Fax No :

SPECIMEN SIGNATURE

:

PROFESSIONAL INFO:

Name of the Applicant :

Designation :

Nature of Duties being attended :

Residential Address :

Telephone Nos : Off: Res. :

Mobile :

E. Mail Address:

Whether accredited earlier(Yes/No) :

If accredited, when :

Latest Accreditation Card No.& year :

Service in Media Related Job :

Date of joining in present assignment:

(Any Additional information may
be annexed).

(Signature of the Applicant)

Head of the Office Recommendation

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Date :
Office Seal :

Signature
(with stamp)