

GOVERNMENT OF ANDHRA PRADESH
INFORMATION & PUBLIC RELATIONS DEPARTMENT
WORKING JOURNALISTS HEALTH SCHEME

APPLICATION FOR HEALTH CARDS TO JOURNALISTS AND THEIR
DEPENDENTS

1. JOURNALIST ID CODE No.....
2. NAME OF THE JOURNALIST.....
3. DESIGNATION.....
4. NAME OF THE ORGANISATION.....
5. PLACE OF WORKING.....
6. ACCREDITATION CARD NUMBER.....
7. AADHAR NUMBER/ENROLLMENT NUMBER.....

8. RATION CARD.....
9. EPF NUMBER.....
10. ALREADY HAVING ANY HEALTH CARDS/AROGYASRI CARD...YES/NO
IF SO DETAILS.....
11. DATE OF BIRTH & AGE.....
12. EDUCATIONAL QUALIFICATIONS.....
13. GENDER- M/F
14. MARITAL STATUS:- MARRIED/UNMARRIED
15. FAMILY MEMBERS DETAILS WITH RELATIONSHIP.

PHOTO

S.No.	NAME OF THE FAMILY MEMBER	Relation-ship with the Journalist	Age & DOB	Mobile No. & E-mail address	Postal Address	Aadhaar /Ration Card No.
1.						
2						
3.						
4.						
5						
6						

16. IS SPOUSE A GOVERNMENT EMPLOYEE. YES/NO
IF YES , PROVIDE DETAILS OF EMPLOYMENT
17. DISTRICT.....
18. DATE OF ENTRY INTO JOURNALISM SERVICE.....
19. TOTAL EXPERIENCE AS WORKING JOURNALIST..... YEARS
20. DATE OF RETIREMENT
21. COMMUNITY.....
22. DISABLED YES/NO, IF YES DISABILITY %.....
23. MOBILE NUMBER.....
24. E-MAIL ID.....
25. POSTAL ADDRESS WITH PIN CODE:.....

26. IDENTIFICATION MARKS...1.....
- 2.

27. DECLARATION:- I DECLARE THAT THE ABOVE INFORMATION AND MY FAMILY PARTICULARS GIVEN ARE TRUE AND CORRECT FOR WHICH I AM ENCLOSING THE RELEVANT DOCUMENTS.

SIGNATURE OF THE JOURNALIST

(AAdhar card, photos of journalists shall be given in **jpeg format not more than 200 kb** in pendrive in the I&PR Dept., for uploading in the Dr.NTR VAidya seva)