

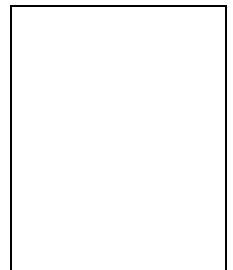
MEDIA ACCREDITATION FORM – State / Semi Govt. Institutes)

DEPARTMENT OF GOVERNMENT INFORMATION – 2019

1. Full Name (Mr./Mrs./Miss) :
2. Preferred Name on Accreditation Card :
3. Nationality :..... Date Of Birth :.....
4. Name of the State /Semi Govt..Institute:.....
5. i. Job Title/Post :.....
- ii. Main duty :.....
7. i. Previous Accreditation No :..... Year :.....
- (If any)
- ii. Date of Appointment In the Present Post
8. i. Highest Educational Qualification:(Journalism/Technical) :.....
- ii. Highest Professional Qualification:(Journalism/Technical) :.....
- | | Office | Residence |
|--------------------|--------|-------------------|
| 9. Address | | |
| | | |
| | | |
| Telephone No..... | | |
| Fax No :..... | | Mobile No. :..... |
| Web Site:..... | | |
| Whatsapp No.:..... | | Viber No. :..... |
- 10.i. National Identity Card No:.....
- ii.Previous National Identity Card No:(If Changed)
- 11.Office ID Number (Please attach a certified copy) :.....

Editor's Signatures and Rubber Stamp
Date:.....

Signature of Applicant
Date:.....



This Application Should accompany a letter of request from head of organization

For Office Use Only

Recommended :..... Approved.....

Acc.card No:
.....

DGI