

**APPLICATION FORM FOR ACCREDITATION OF JOURNALIST/ PRESS
CORRESPONDENT/ CAMERAMAN TO THE GOVERNMENT OF MANIPUR**
(To be filled in triplicate)
(See Rule No. 11 and 12)

From the Editor:

Name of Journal/ News Agency:

Address:

To,

The Director,
Information & Public Relations,
Government of Manipur, Imphal.

Sir,

The Journal/ Correspondent/ Cameramen/ News Reel of
..... (Name of Journal/ News Agency/ Photo Service)
whose name and particulars are appended herewith may kindly be granted accreditation
to the Manipur Government and allowed the usual press facilities.

1. Name of the Journal/ News Agency/
Photo Agency (IN BLOCK LETTER) :

2. Address of the Journal/ News Agency/
Photo Agency :

3. Frequency of publication in case of
journal, method of distribution services
centre or newspapers catered for in case
of News agencies :

4. Audited circulation in case of Journal :
(Copy of certificate to enclosed)

5. Special feature of the Journal/ News Agency
(If any) :

6. Date and year of first publication of the
Newspaper journal and Registration No. of
the Registrar of Newspaper for India :

7. Period of cessation of publication of the
Newspaper/Journal and the reason thereof :

8. Particulars of the Journalist/ Correspondent
desired to be Accredited :-
 - i. Name in full :
(IN BLOCK LETTER)
 - ii. Date of birth :
 - iii. Father's Name :

- iv. Permanent Address :
- v. Post Office :
- vi. Present Address :
- vii. Experience in journalism,
Name of Newspaper/ News
Agencies served, position held
and duration of service in each:
(Document to be enclosed)
- viii. Details of Accreditation Cards
awarded by Govt. of India/State
Govt. previously, if any.
State the No. and date of issue.
If surrendered or cancelled, the
reason thereof. :

I certify that the Journalist/ Correspondent is a full time professional Journalist and he will be in the State Headquarter/District Headquarters of Manipur during the period of accreditation.

I have explained "The Rules for Accreditation to the Government of Manipur of Press Representatives representing Newspapers and he/she has agreed to abide by these rules.

The above statements are correct to the best of my knowledge and belief.

Date:

Signature:

Place:

Editor/ Employer:

Newspaper/ Agency:
(WITH SEAL)

Enclosure :- 2 (two) copies of the latest Stamp size Photographs.

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