FRESH APPLICATION FORM FOR PRESS IDENTITY CARD FOR JOURNALIST OF PRINT/ ELECTRONIC MEDIA

1.	Name in full (BLOCK LETTERS)	:			
2.	Father's/ Husband's name	:			
3.	Address	:			
4.	Date of Birth	:			
5.	Educational Qualification	:			
6.	Other qualification/ professional qualification	:			
7.	Designation/ position held	:			
8.	Name of other Organization	:			
9.	Telephone No.	:			
10.	. Identification Mark	:			
I hereby declare that the above particulars are true to the best of my knowledge and belief.					
Da	te:	Signature of Applicant			
has	(TO BE FILLED UP BY THE PUBLISHER/ EDITOR/ PRODUCER/ MANAGER) I hereby certify that Shri/Smt/Km				
		or strict compliance of the relevant provision uing Press Identity Card in respect of			

The de	etails of my Media organization	are given below	
1.	Name of Paper/Organization	:	
2.	Office Address	:	· • • • • • • • • • • • • • • • • • • •
3.	Full Name of Editor	:	
4.	Full Name of Publisher	:	
5.	Full Name of Producer	:	· • • • • • • • • • • • • • • • • • • •
6.	Full Name of Manager	:	
7.	R.N.I. No.	:	
8.	Affiliation if any (to be support	ted	
	by documents)	:	
9.	P & T Registration No.	:	
10.	Latest audited circulation figure	e :	
11.	Date of first publication/ produ	ction:	
12.	. Name of other DIPR Press Ider	ntity Card holders:-	
Name	Ξ	<u>Designation</u> <u>I/Card</u>	1 No.
1.			
2.			
3.			
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9.			
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10.			
		Signature Publisher/ Editor/ Producer/ Ma (with date & seal)	anager

N.B.

- a) Please strike out whichever is not applicable.b) Enclosed 2 (two) stamp size photographs.c) Enclosed appointment order.