



Information & Public Relations
Department,
Secretariat,
Chennai-600 009.

APPLICATION FOR ISSUE OF PRESS ACCREDITATION CARD

1. Name of the applicant :
(In capital letters)
2. Designation :
(Please State full time or part time)
3. Date of Birth :
4. Name of the Organisation, :
Address, Tel.No. & Fax No.
5. Type of organisation :
(Please state Newspaper (Morning)/
Newspaper (Evening)/Radio/
TV Channel/News agency)
6. Residential Address :
Telephone No.
Mobile No.
e-mail ID
7. Experience:

Stamp size photo

Sl. No.	Period of service			Designation	Name of Organisation
	From	To	No. of years		

8. Details of Tamil Nadu Government : Card No.
Accreditation Card if any possessed earlier Valid upto :

9 (a) **NEWSPAPERS** (To be filled in by employees of Newspaper Organisations only)

Name of the Newspaper (Morning (or) Evening)		Circulation as certified by RNI/ABC (last year)	
RNI Registration No.		Date of such certification	
Language		Subjects covered daily	
Place/Places of Publication		Status of the newspaper	
Size of the pages of Newspapers		Name of the Group/Chain, if any to which the newspaper belongs	
Total No. of pages		If it is a Newspaper group/chain, please give details of the various publications of the Group	

Sl. No.	Name of Publication	Language	Place of Publication	Circulation

9 (b) **TELEVISION** (To be filled in by employees of TV Organisations only)

Name of the Organisation		Number of hours telecast in a day	
Details of permission accorded by Information & Broadcasting Ministry, Government of India.		Method of telecast services offered (Cable, DTH, Web, etc.)	
Date of Commencement of telecast		Schedule of the telecast of news/ Current affairs programme	
Head Quarters of the Organisation		Subject of particular focus by the media concerned.	
		Countries/States/Cities in which the programmes can be watched	

9 (c) **NEWS AGENCIES** (To be filled in by employees of News Agencies only)

Name of the Organisation		No. of subscribers	
Date of Establishment		Details of subjects covered	
Frequency of distribution		Number of Correspondents	

SIGNATURE OF APPLICANT WITH DATE

10. Certificate (To be furnished by Editor/Chief of Bureau)

I hereby certify that the information given in the application form is correct.

I also certify that Thiru/Tmt. _____ is on the pay-roll of our organization.

I further state that I will inform to the Information department, Government of Tamil Nadu within a period of 15 days in case Thiru/Tmt. _____ ceases to be employee of our organization and his / her accreditation card & bus pass will be returned to Information department immediately.

Signature of the Editor / Chief of Bureau with date

Designation seal

Office seal

PHOTO COPIES OF DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM

1. Three recent **sticker** type stamp size photographs with Name & Organisation written on the reverse. (One to be affixed in the application, one to be affixed in the Fact Sheet, One to be enclosed along with the application)
2. Copy of Experience Certificate for not less than 3 years issued by the employer.

3. Newspaper

- a) Circulation Certificate issued by the RNI/ABC showing the latest circulation of the Newspaper issues of the newspaper.
- b) Last six months Issues (In case of New Daily Newspaper)

(or)

News Agency/Photo News Agency/News Feature Agency

Latest list of subscribers

A Certificate from Chartered Accountant indicating the annual revenue of the agency earned during the last financial year.

(or)

Electronic Media

Balance sheet indicating annual revenue earned during the last financial year.

Uplinking/telecast permission from the Ministry of I&B Govt. of India to ascertain the date of commencement of telecast.

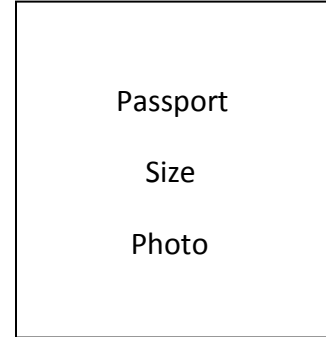
N.B.

1. Applications containing insufficient information and not supported by valid documents are liable to be summarily rejected.
2. The particulars in the Fact Sheet should be typed.

FACT SHEET

(All Information should be typed)

(Handwritten form will be rejected)



Signature of Applicant

1. Name :
2. Designation :
3. Organization :
4. Place of Work and District :
5. Whether Full time Job or
Part time Job :
6. Residential Address :

7. Mobile No. :

P.R.O(P.R)

A.D.(P.R)