

For use of Media Persons
Annexure-A

Part-'A'

**APPLICATION FORM FOR ENLISTMENT OF PRESS REPRESENTATIVES AT THE
STATE/DISTRICT/SUB-DIVISION/BLOCK HEADQUARTERS OF ODISHA**

To
The District Information & Public Relations Officer

Photo
(Passport size)

Sir,
I Smt./Sri _____ working in the organization
_____ (Name of Newspaper/News Agency/Electronic Media/Web Media/
Freelance Journalists) with the particulars mentioned below request to include my name in the
list of identified Working Journalists of Odisha.

1. Name in full (In block Letters) :
2. Father's/Husband's name in full (In block Letters) :
3. (a) Present address :
- email id -
- Telephone/Mob No. - :
- (b) Office Address in full :
- Office Telephone No -
- e-mail id - :
4. Permanent Address :
5. Nationality :
6. Date and place of Birth :
7. Educational and other qualifications :
8. Name and address of the Newspaper/News Agency/
Media Organization (Print/Electronic) on whose
behalf He/She is/was working :
9. Designation - specify category (Block/Sub-Division/
District/State Level Journalists) :
10. Identity Proof as Journalist, if any :
11. Whether employed Full-time/Part time/ Contractual/
Honorary :

12. If engaged in any other work/profession, give details :

13. Whether working as a accredited freelance journalists :

14. Whether accredited with Central/State Government, if so, please give details :

15. Professional Experience (In chronological order) :

Name of the Media Organization (Print/Electronic)/ News Agency	Post Held	Period of Service from.....to	Remuneration, if any received during the period

16. Whether working or retired

17. Residing at the headquarters of State/District/Sub-Division/Block since _____.

N.B – Documents in support of information submitted is to be attached with the application form.

Yours faithfully,

Date

Signature of the Media Person/Applicant

Certified that the above information are correct as per the documents submitted by Smt./Sri.....

Signature of the DI&PRO

Part – 'B'

**DETAILS OF FAMILY MEMBERS
TO BE COVERED UNDER HEALTH INSURANCE SCHEME**

Sl. No.	Name of the Journalist	Name of Newspaper/ Electronic Media	Name of the family members to be covered	Date of Birth	Relationship with Journalist	Gender	Location
1	2	3	4	5	6	7	8