

**DEPARTMENT OF GOVERNMENT INFORMATION**  
**APPLICATION FOR MEDIA ACCREDITATION – 2024**  
**CATEGORY - (STATE MEDIA OFFICER)**

(Please refer the guidelines and Gazette notification (21.11.2023 - No.2359/11) before completing this application.)

**1. Name in Full (Mr./Mrs./Miss):**  
 (In block letters / Ensure word spacing)


**2. Name with the initials:**


**3. National Identity Card Number**

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**4. Date of Birth:**

<b>Year</b>	<b>Month</b>	<b>Date</b>

**5. Institution (Ministry/Govt. Institute Which your main appointment Belongs to?)**


**6. Designation:**

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**7. Institution you are presently attached (if any)**


**Present Job Title/Post**

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**Main Functions of the job**

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**8. Official Identity Card Number:**  
 (Please attach a certified copy)

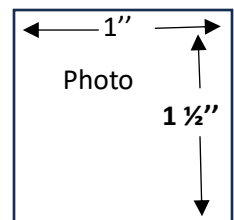
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**9. Previous Accreditation No:**

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**Year:**

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**10. i. Address (Office):**


**ii. Telephone No:**

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**iii. Fax No:**

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**iv. E-mail:**

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**11. i. Address (Residence):**


**ii. Telephone No:**

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**iii. Mobile No:**

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**iv. Personal E-mail:**

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I hereby declare that the above details furnished by me are true and correct and I do further admit that in the event of any particulars found false or incorrect the Director General of Government Information has the full authority to withdraw or cancel the media accreditation card issued to me under his signature.

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Signature of Applicant

Date

**Recommended by:** Secretary / Additional Secretary / Director General / General Manager / Chief Executive Officer

Name: .....

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Signature and Rubber Stamp

Date

**Note:** This Application should accompany a letter of request from the head of organization.

**FOR OFFICE USE ONLY**

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Recommended ..... Approved.....

(DGI)