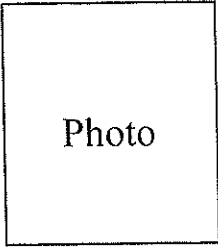


RMA

**APPLICATION
FOR RENEWAL OF MEDIA ACCREDITATION**



(To be filled in by the applicant)

- 1) Name of Media :
- 2) District :
- 3) Name of Media Person :
- 4) Designation :
- 5) Existing Card No. :
- 6) Phone :
- 7) E-mail :
- 8) Age :
- 9) Date of Birth :
- 10) Date of Retirement :

Information given above are true to the best of my knowledge and belief.

Place :

Signature of applicant

Date :

Name

..... (To be filled in by Bureau Chief)

- 1. No.of Accredited persons allotted to the Bureau (District).
- 2. No.of Accredited persons Transferred during the Year.
- 3. No.of Accredited persons working now.

Reporter	Photographer
<input type="text"/>	<input type="text"/>
Reporter	Photographer
<input type="text"/>	<input type="text"/>
Reporter	Photographer
<input type="text"/>	<input type="text"/>

