



PRESS ACCREDITATION APPLICATION

			Form No:
Applicant's Info	rmation		
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			PP size Photo
5. Local Tel No:			
6. Email Address:			
To be filled by foreig	gners only		
7. Visa No:			
8. Date of Arrival:		9. Date of Depature:	
10. Purpose of visit: _			
- Media Organisa	ation/Affiliation		
1. Organisation Name			
2. Organisation Type: (tick√ the box)	Print Online	TV \square Radio \square	News Agency 🗆
3. Address:		4. Country:	
5. Contact No:		6. Fax No:	
7. Email Address:			
8. Website:			
For Freelance			
1. Chosen Medium: (tick√ the box)	Print- □ Online-□	□ Photo-□ Video/A	udio- 🗆
Declaration)		
I hereby declare the al	bove information as acc	urate.	
		~	
Name:		Signature:	

Approved By:	,
. Name: Designation:	Organisation Stamp (applicable only for persons applying through organisation category)
3. Signature:	i.

Note: Copy of ID card or Passport should be submitted with this form.

Official Use	
1. Recieved By:	2. Time:
3. Signature:	4. Date: