

FORM-I

(See Clause 6)

**Application for grant of Ex-Gratia to the Family of
Deceased /Incapacitated Press Personnels**

- 1 Name of the Applicant :
- 2 Relationship to the Deceased Press Persons :
- 3 Father's/Husband's name of the applicant :
- 4 Name of the Deceased Press Personnel :
- 5 Name of other dependent family members :
- 6 Name Occupation Relationship Age
- 7 Date of Death :
- 8 Nature of Death : Natural/Accident/Chronic Disease
(Please furnish certificate from Municipality or Commune Panchayat/Police/Doctor)
- 9 In case of permanent disability, nature and extent of disability (Please enclose disability Certificate) :
- 10 Name of the Media in which the deceased Person has worked :
- 11 Periodicity :
- 12 Nature of duty (Please enclose service certificate issued by the Employer) :
- 13 Length of service of the deceased Press persons in the filed (Certificate issued by the Newspaper/Journal/Agency or other Media Authority to be attached in original) :
- 14 Whether he is a full time employee : **Yes / No**
- 15 Whether the deceased Press Person has been a member of any other Journalist Association of Puducherry Union Territory. :
(If yes, please furnish a recommendation from any Journalist Association of Puducherry Union Territory)
- 16 Whether the deceased Press Persons Accredited Press Persons (If Yes, please furnish details) :
- 17 Nationality of the Applicant :
- 18 Whether the applicant is a native of U.T. of Puducherry either or by continuous residence (Nativity / Residence Certificate to be attached) :

19 Address : Present :

Permanent :

20 Whether the applicant is a legal heir of the deceased Press Person (Please furnish the Legal Heir Certificate from the competent authority) :

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DECLARATION

I hereby solemnly affirm and declare that the particulars furnished above are true and I have not suppressed any material fact that will disentitle me for the grant of Ex-gratia under “**PRESS PERSONNEL FAMILY WELFARE SCHEME-2005**”

Signature of the Applicant

Place :

Date :

FORM – II

(See Clause 6 (d))

SERVICE CERTIFICATE

Certified that Thiru/TmtS/o, W/o
..... had worked continuously for the period
ofyears from to..... as Full time
Editor/Sub-Editor/Reporter/Correspondent of the Print/Electronic Media
viz..... registered with the Registrar of
Newspapers of India/Ministry of Information and Broadcasting, Government of India, New
Delhi vide No.....

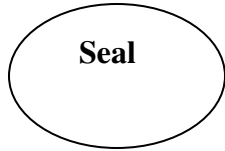
Place:

Signature :

Date :

Name :

Designation:



FORM – III

See Clause 7 (1)

VERIFICATION CERTIFICATE

(To be Verified and Certified by the Assistant Director,
Directorate of Information and Publicity)

Certified that the application of Thiru/Tmt..... S/o,
W/o. for
providing one time ex-gratia to the family of deceased / incapacitated Press person of Puducherry
Union Territory has been scrutinized under the “Grant of Press Personnel Family Welfare
Scheme-2005” and the particulars furnished by him/her therein are found to be correct.

Place:

Signature :

Date :

Name :

Designation:

