

**FORM – I**  
(See Clause 6)

**Application for Pension Benefits to the Journalists and Families**

1. Name of the applicant and :  
Designation
- 2 Date of Birth & Age of the applicant :  
(With a proof of Date of Birth)
- 3 Nationality :
- 4 Whether the applicant is the native :  
of U.T. of Puducherry by Birth or by  
Continuous residence (Native /  
Residence Certificate must be  
attached)
- 5 Address :  
Present :
- Permanent :
- 6 Period of residence in the present :  
address
- 7 Father's Name :
- 8 Mother's Name :
- 9 Name of the spouse or assignee to :  
whom family pension is authorized  
(relation to be specified)
- 10 Name of the Newspaper/Journals/ :  
Agency in which the applicant has  
worked
11. Periodicity of the Journal :
- 12 Length of Service in the filed :  
(Certificate issued by the  
Newspaper/Journal/Agency  
authority to be attached in original)
- 13 Whether the applicant served as a :  
full time employee

- 14 Whether the applicant is receiving :  
any Pension/Honoraria from  
Central/State Government under any  
scheme. If yes, please furnish the  
details
- 15 Whether the applicant is Physically :  
Handicapped or suffering from  
incurable diseases/unable to pursue  
their profession on account of  
chronic ill-health, or if any. (If yes,  
please furnish the Medical  
Report/Certificate)
16. Date of retirement (Certificate issued :  
by newspaper/Journal/Agency  
authority to be attached in original)
- 17 Whether the applicant received :  
Gratuity and other retirement  
monetary benefits, If any, from the  
former employer. If yes, please  
furnish the amount and details of the  
same
- 18 Income of the applicant and family :  
from all sources (Certificate should  
be obtained from an officer of  
Revenue Department not below the  
rank of Tahsildar)
- 19 Whether the applicant is an :  
Accredited Journalist (If yes, please  
furnish the details)

### 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 to grant of Pension Benefits.

Signature of the Applicant

Place :

Date :

**FORM - II**

[See Clause 6(c)]

**SERVICE CERTIFICATE**

(To be issued by the Employer)

Certified that Thiru/Tmt/Selvi ..... S/o, W/o, D/o  
..... has worked from ..... to ..... as  
Full Time Editor / Sub-Editor / Reporter/ Correspondent of the  
Newspaper/Journal/Agency viz., ..... registered with the  
Registrar of Newspapers for India, Ministry of Information and Broadcasting,  
Government of India, New Delhi vide No. ....

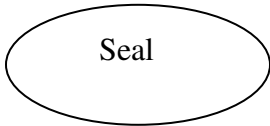
Place :

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, D/o ..... for providing Pension  
Benefits to the Journalists of Union Territory of Pondicherry has been scrutinized  
and the particulars furnished by him/her therein are found to be correct.

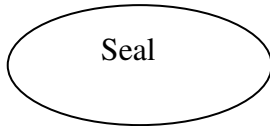
Place:

Signature :

Date :

Name :

Designation :



**FORM - IV**

[See Clause 7(2)]

**GOVERNMENT OF PUDUCHERRY  
DIRECTORATE OF INFORMATION AND PUBLICITY**

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No.                    DIP/PRESS/                    /200                    Puducherry, dated

**ORDER**

Sub : DIP - Payment of Pension under the scheme for grant of Pension Benefits to Journalists and their families,2006 - Sanction conveyed - Reg.

Ref : His/Her application dated .....  
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In pursuance of Clause 7(2) of the scheme for grant of Pension Benefits to Journalists and to their families in the Union Territory of Puducherry , 2006 sanction of the Selection Committee is hereby conveyed for payment of Rs. 2,000/- (Rupees two thousand only) per month to Thiru / Tmt / Selvi.....with effect from .....

The Pension Number allotted to him/her is .....

DIRECTOR OF INFORMATION AND PUBLICITY

To  
Thiru/Tmt/Selvi .....  
.....  
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