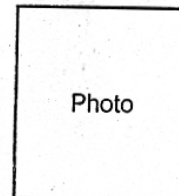


Schedule -10
(Relating to sub-rule (2) of Rule 9)

Application for press representative/temporary press representative

The Director General,
Department of Information,
Kathmandu.



As I wish to work as a press representative/temporary press representative of.....
throughout Nepal /..... district from the date..... to.....
I hereby submit this application alongwith the following documents having affixed two copy of photos and nepalèse postal
stamp of Rs. 10/ and request you to issue a certificate of press representative/temporary press representative in my name.

Attached Documents:-

1. Letter of Recommendation of the concerning institution.
2. Copy of the certificate of academic qualification pursuant to Rule 15.
3. Copy of the citizenship certificate.
4. Individual particulars form.
5. Experience of the applicant.
6. If any certificate.

Applicant's
Signature:-
Name:-
Address:- a) Permanent:-
 b) Temporary:-
Date:-

Schedule - 9
(Relating to sub-rule (1) of Rule 9)
Particulars of Press representative

The Director General,
Department of Information,
Kathmandu.

As Mr./Ms..... is going to work as a representative from our institution, we
habeby submit the following particulars pursuant to the sub-section (1) of Section 20 of the Press and publication Act-2048 (1992).

Particulars:-

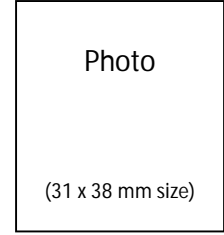
1. Copy of the certificate of academic qualification of the person going to be a press representative.
2. The Jurisdiction of the person working as a press representative.
3. Individual particulars form
4. Copy of the citizenship certificate.

Applicant's
Signature:-
Name of Institution:-
Date:-

Journalist Record Form

Name: -----
 First Middle Last

नाम थर: -----



Father's Name: -----
 First Middle Last

Gender: [Male Female Others] Blood Group : -----

Date Of Birth: ----- Passport No. -----

Issue Country: ----- Religion: -----

National Security No: -----

Address

Country: ----- State: -----

District : ----- VDC/MUN : -----

Ward No : ----- House No : -----

Street : -----

Mailing Address

Phone : ----- Mobile: -----

Email: ----- Website: -----

Old Press Accreditation Statement

Accreditation No : ----- Valid Till : -----

Issued By : ----- Type of Press Accreditation : (Permanent/Temporary)

Statement of Press Accreditation (New/Renewal)

Press Accreditation No: ----- Duration From: ----- To : -----

News Media: ----- Designation : -----

Appointment Date: ----- Appointment Type: [Permanent Temporary]

Working Area: ----- District: -----

Press ID No: (Issued by applicant's own Country) -----

Education

S.N	Qualification	Institution	Faculty	Subject	Division	Completion Year
1						
2						
3						
4						

Training

S.N	Training Name	Institution	Start Date	End Date	Remarks
1					
2					
3					
4					

Award

S.N	Award Name	Date	Institution	Address	Remarks
1					
2					
3					
4					

Foreign Travel

S.N	Country	Purpose of Travel	Start Date	End Date	Remarks
1					
2					
3					
4					
5					

Signature of applicant:

Date: