



**Department of Information and Publicity  
Government of Goa**

Udyog Bhavan, 3rd Floor, Panaji, Goa - 403 001, India  
Tel: (0832) 2223157 / 2422675 / 2226047 / Fax: (0832) 2224211  
E-mail: dipgoa@gmail.com

**PLEASE PASTE  
YOUR PHOTO**

**(ADD ONE MORE  
ALONGWITH  
APPLICATION)**

**APPLICATION FOR PRESS ACCREDITATION  
OF THE GOA GOVERNMENT  
INFORMATION ABOUT PRESS/MEDIA PERSONS  
(PLEASE ENTER ANSWERS IN FULL)**

**PART - I**

**(Attach two recent passport size photographs)**

1.	Full name (in Block Letters)	
2.	Fathers full name (in Block Letters)	
3.	Nationality	
4.	Date and place of birth	
5.	Designation:	
	Organization Represented:	
6.	What is your principal vocation? Are you engaged in any other work? Please give details.	
7.	Educational and other qualifications	
8.	Experience in the profession of journalism a)Newspapers      b)Agency c)Period of Services where salaried post were held	
9.	Any other experience	
10.	Details regarding service under Central/ State Govt, if any	
11.	Permanent home address	
12.	Residential Address in Goa	

**Signature of Correspondent/Reporter/ Photographer**

## PART - II

1.	Since when residing in Goa	
2.	Place of stay during the last five years with full address	
3.	Address at which publicity material etc. should be sent.	
4.	Reporters Correspondent telephone No: Office/ Residence:	
5.	Information about newspaper e.g. type of Newspaper, subjects in which interested, Periodically, circulation area served (if necessary attach separate sheet)	
6.	Type of news/ multilingual news agency. Method of distribution of its service. Number of newspapers served regularly on Commercial basis (if necessary attach separate sheet)	
7.	If the newspapers/agency is already represented by accredited correspondent(s), Reason for seeking of subjects among existing and proposed Correspondents.	

***Documents to be attached: i) Letter from the Editor ii) Appointment letter iii) Three Press Clippings iv) Registration of the firm/organization***

Signature of Editor/ Publisher\_\_\_\_\_

**SEAL**

Name of the Organization

Paid: Rs. 150/-

Vide Receipt No.\_\_\_\_\_

**Dated:**\_\_\_\_\_