**USE BLACK INK**

**GOVERNMENT OF SINDH**
**INFORMATION DEPARTMENT**

# APPLICATION FOR ACCREDITATION CARD- 2023

1. Name

2. Father's Name

3. Date of Birth

4. CNIC NO. - -

5. Mark of Identification

6. Blood Group

7. Name of Organization with address_____

8. Period of working for present organization _____

9. Designation_____ (a) Cell No._____ (b).Email address_____

(c) Beat_____ (d) Name of your immediate Incharge_____

(e) Cell No. of Incharge_____ (f) Email address of Incharge_____

(g) Telephone Office_____ (h) Telephone Extension # (if any)_____

10. Experience as Journalist _____

11. Present Address_____

_____

12. Permanent Address _____

_____

13. Previous Accreditation Card No. (Please deposit the original card with this form)

14. Affidavit on Rs.50/- Stamp paper that the applicant is not a government servant.
15. Only one focal person for each media organization to be allowed to sign the accreditation card form so as to avoid any misunderstanding.

Signature of the applicant

**CERTIFICATE**

This is to certify that Mr./ Mrs./ Miss _____ is a full time/ contract employee of our newspaper/ organization and is on our regular payroll. He/ she is not Government Servant.

Accreditation card may please be issued enabling him/ her to perform professional duties.

Signature with Stamp
Editor/ Head of the Organization

For office use only:
A.C. No._____
Issue Date_____
Expiry Date_____
Signature of Receiving Person:_____

DIRECTOR INFORMATION