

**SCHEME FOR FINANCIAL ASSISTANCE FROM WELFARE FUND FOR WORKING
JOURNALISTS IN ANDHRA PRADESH DEPENDANTS IN DISTRESSES**

ANNEXURE.1

(to the G.O.Ms.No.1,G.A.(I&PR)

FORM OF APPLICATION

To

The Commissioner of Information & Public Relations

Government of Andhra Pradesh,
HYDERABAD

1. Name in full (in Capital letters)
2. Age and Date of Birth
3. Full Address:
4. Welfare fund membership payment receipt No., Date and Amount:
5. In the Case of Living Journalists:-
 - (a) Details Regarding the service of the applicant as a journalist:-
 - (b) Whether un-employed due to ill health:
 - © Whether un-employed due to overage:
6. In case of families dependant of the deceased journalist:-
 - (a) Contribution of the deceased journalist to journalism:
 - (b) The applicant's relationship with the deceased journalist:
(whether widow/widower/son/unmarried daughter/father/mother):
7. Details of orijinal medical bills along with abstract of bills and discharge summary in original.
8. Amount of Financial Assistance sought for
9. Contact Telephone No:
10. I hereby certify that:-
 - (a) My income from all sources is Rs.....per annum.
 - (b) All the above particulars furnished by me are true and correct to the best my knowledge.

Place:

Date:

SIGNATURE OF THE APPLICANT

ANNEXURE -II

(to the G.O.Ms.No.1,G.A.(I&PR) Dept, Dt.1-1-1986)

**REPORT OF THE MANDAL REVENUE OFFICER/PRESIDENT/SECRETARYOF WORKING
JOURNALISTS UNION/DISTRICT PUBLIC RELATIONS OFFICER**

I have made necessary enquiries regarding the statements in the application form of Sri/Smt.

.....and submit the pollowing report:-

- 1) The applicant comes under the Scheme for giving financial assistance to Working Journalists/ Dependants in distrees.
- 2) The Journalist is un-employed due to ill health/overage.
- 3) The applicant is the widow/widower/son/unmarried/daughter/father/mother of the late
.....
- 4) The age of the applicant as verified from the certificate of date of birth furnished by the applicant or other relaable records (to be specified) isyears.
- 5) The total income of the claint is Rs.....
- 6) The particulars furnished by the applicant is/are not correct
- 7) Other Remarks if any

Place:

Date:

SIGNATURE

name and adress with office seal