Date:

From: __________________________________________
__________________________________________

(The Editors-in-Chief/Chief Editors/Bureau of Chief/Head of the Media Organisation accredited to Directorate of Information & Publicity, Govt. of Goa.)

To,
Secretary,
Goa Legislature Secretariat,
Assembly Complex,
Porvorim – Goa.

Sub: ISSUE OF IDENTITY CARDS/TEMPORARY PASSES.

Sir,

The following persons are nominated to be considered for issuance of ID card/Passes for the correspondents and other categories of pass holder for covering the Goa Legislative Assembly proceedings:

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<th>S.No</th>
<th>Name</th>
<th>Designation</th>
<th>Remarks, if any</th>
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Yours sincerely,

(Signature)
Name of the Editor-in-Chief/Editor
with Official Seal

Recommendation from DEPARTMENT OF INFORMATION & PUBLICITY.

Verified by:

Signature: __________________________________________
Name: __________________________________________
Designation & Seal:  

*****

The Editor-in-Chief/Editor is nominated himself/herself as one of the authorized signatories, the Editor-in-Chief/Editor specimen signature included in the list of authorized signatories with Directorate of Information & Publicity, Govt. of Goa.
GOA LEGISLATIVE ASSEMBLY
Assembly Complex, Porvorim Goa

Application for Identity card to the correspondent of Media

TO BE FILLED IN BY CORRESPONDENT OF ADMITTED MEDIA ORGANIZATION /AGENCIES FOR ISSUE OF IDENTITY CARDS/TEMPORARY PASSES TO THE GOA LEGISLATIVE ASSEMBLY PRESS GALLERY/PRESS ROOM.

Particulars of qualifications and journalistic experience of the correspondents:-

1. Name: ________________________________________
   (Full name with expanded initials)
2. Father’s/Husband Name: __________________________
   (Full name with expanded initials)
3. Gender:________________________________________
4. Designations:___________________________________
5. Publications:___________________________________
6. Date of Birth & Place: _____________________________
7. Education Qualification: __________________________
8. Date of joining in present Office: ___________________
9. Address a) Office: ________________________________
   _______________________________________________
   b) Residential: ________________________________
   _______________________________________________
10. Phone No.: _______________________(M) ___________(O)
11. E-mail ID:_____________________________________
12. Whether accredited to Department of Information & Publicity: YES/NO

(Note: applications should be submitted to the Directorate of Information & Publicity, Panaji- Goa along with 2 copies of photograph of the applicant.)

Applicant Signature

For Official Use Only

ID. No.............
Date of Issue .............

Submitted for approval: Secretary, Legislature.