ENLIGHTEN INDIA THROUGH MEDIA

NEWSMEDIA ASSOCIATION OF INDIA



न्यूज़ मीडीया असोसीएसन ऑफ़ इंडीया

(Regd.By.Govt. Under SR Act XXVII of 1975) MEMBERSHIP FORM Date: State: To The President, Newsmedia Association of India. Please sign here for the ID Card Subject: Application for a Membership post. Respected sir, I accept to the policies, aims, visions and plans of the Newsmedia Association of India and further I am applying for a member in the association. I declare that I will abide by the rules and regulations of the association. I would like to register in the association for a responsible membership post and in the form attached with it my membership post request has been mentioned. I request you to analyze these and grant me a membership post. Type of Industry: Newspaper / Magazine Web TV / IPTV FM Radio Citizen Reporter Volunteer Thanking You, Other Media (Specify)_ Yours Faithfuly

Corporate Office:

Flat No. 407, 4th Floor, Kaveri Complex, No. 96, M G Road, Nungambakkam, Chennai - 600 034. Ph: 72000 00961. read more
www.naiindia.in
mail@naiindia.in

National Office: Block No.34/Media House 68, Mayur vihar, Phase -1,Trilokpuri, New Delhi- 110 091.Ph:099118 29209.



PERSONAL INFORMATION OF THE APPLICANT

Name of the Applicant	•	
Father / Husband Name	•	
Date of Birth	:	(DD/MM/YYYY) Blood Group:
Sex	:	Male Female Transgender
Nationality	:	
Marital Status	:	Yes No
Educational Qualification	:	Below 12 th U.G P.G Diploma
Permanent Address	:	
E-Mail	:	
Phone	:	

Present Address													
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Known	Te	elugu	: 🗆						: 🗆				
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District	: [
Sub District	: [
Ward	: [
Press/ Media Company Name	: [
Designation	:												

I declare that all the information mentioned above are true to the best of my knowledge and belief.

Date:

Place:

FOR TV CHANNELS ONLY

Name of the Channel Identity	:			
Company Name	:			
Proprietor	:			
Licence No.	:			
Office Address				
Phone	•			
E-Mail	:			
Website	:			
Date of Permission	:		(DD	/MM/YYYY)
Category	:	News	Non - News Religious	s
Language	:	Tamil : □ English : □ Hindi : □	Telugu : □ Others Kannada : □ Others Malayalam: □ Others	: □

Name of Officer	r in whose name I card R	eqd.						
		PRESS-MEDIA						
Designation:								
Name of : Proposer								
Address :		Signature of Proposer / Introducer						
Designation . of Card No.								
ID Card. 2. Please send 2 pour specimen s 3. Please attach your A. Also send your		I Promise & Pledge to work for the progress of this Association Applicant Signature						
	50D 05510							
Admitted Mr./Mrs		CE USE ONLY as member of the Association. Membership No. allot	te					
	Membership Received	on dated						