

Schedule - I

**APPLICATION FORM FOR FINANCIAL ASSISTANCE TO JOURNALISTS
UNDER THE JOURNALISTS WELFARE SCHEME (JWS)**

To,
The Director General (M&C),
Press Information Bureau (PIB),
'A' Wing, Shastri Bhawan,
New Delhi.

1.	Name of the Journalist seeking financial assistance (or for whom financial assistance is being sought)			
2.	In case of demise of the Journalist: Name of the applicant in full, along with address and relation with the deceased			
3.	(i) Date of birth of the Journalist (Attach documentary proof)			
	(ii) Age as on date of incident for which compensation/assistance is being asked for			
4.	Contact Details: -			
	(i) Full postal address of Journalist/claimant (Proof of residence be attached)			
	(ii) Mobile/Phone No.			
	(iii) Aadhar Card No.			
5.	(i) Whether Journalist is/was citizen of India (Tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(ii) Whether Journalist is/was ordinarily resident of India (Tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	Organization for which the Journalist was/is working (Indicate Freelance if applicable)			
7.	Nature of Employment (Full Time/Part Time, Regular/Contractual Employee, Stringer, Retired, Contract for Job work)			
8.	Details of work experience of Journalist, along with the duration of service in the above organization			
	Name of Organization	Period		Designation
		From	To	

	Duration of Service as Journalist in the present Organization (<i>in years & months</i>) :	
	Total duration of service as journalist (<i>in years & months</i>) :	
9.	Reason and purpose for financial assistance (<i>attach documentary proof as applicable</i>)	
	(i) Death of journalist resulting in extreme hardship to family: Mention date, nature & cause of death	
	(ii) Permanent disability rendering the journalist incapable of earning a livelihood	
	(iii) Major ailments: mention details of nature & duration of ailment along with the place (name of hospital), nature (drugs/surgery/ radiotherapy, etc.) and period of treatment sought	
	(iv) Accidents causing serious injuries necessitating hospitalization: mention details including date of accident and place, nature & period of treatment	
10.	Amount of financial assistance sought (<i>please attach a bill summary of all individual bills/receipts in case of multiple bills</i>)	
11.	Details of financial assistance received/applied for from other sources: (eg. PM Relief Fund, CM Relief Fund; Journalist Associations/ Organizations, Insurance claims, Motor Accident Claims, Tribunal, others if any)	
12.	Accreditation Details: -	
	(i) Whether accredited (<i>Tick one</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) If yes, Specify whether Accreditation is granted by PIB or State Govt. (<i>Mention name of State</i>)	
	(iii) Presently accredited on behalf of (<i>name of media organization</i>)	
	(iv) Period of validity of accreditation	
	(v) Card No.	
13.	Whether media person for whom claim is made is/was CGHS beneficiary or not (<i>if yes, reasons for not availing benefit of CGHS facility</i>)	

14. Family details <i>(applicable only in case of death/disability of journalist)</i>						
S.N.	Full Name of family member	Sex (M/F)	Date of Birth/Age in completed years	Relationship with the deceased journalist	Details of employment (including salary/ wages etc.)	
15. Bank's Accounts details <i>(Please provide the full details as per Mandate Form enclosed).</i>						
16. Any other relevant information						
17. Documents attached with this application						
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)						
(vii)						

I hereby certify that all the above particulars furnished by me are true to the best of my knowledge and nothing has been concealed which is relevant to this request for financial assistance.

I undertake to refund the assistance if it is found at any stage that it was obtained on basis of information known to be false or misrepresentation of true facts along with the interest at the prevailing interest rates applicable in nationalized banks.

Consent for Authentication

I, _____, the holder of Aadhaar number _____, hereby give my consent to Press Information Bureau/ Ministry of Information and Broadcasting to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Press Information Bureau / Ministry of Information and Broadcasting has informed me that my identity information would only be used for _____ and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

(Signature of the Aadhaar Number Holder/ I agree)

Signature of the Applicant

Place:

Date:

MANDATE FORM

Electronic Clearing Service (Clearing/Real Time Gross Settlement (RTGS) facility for receiving payment)

A. Details of Accounts Holder:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes, then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current/Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	
Whether the Bank Account is Aadhar linked or not. If not then make it Aadhar enabled.	

Date of effect:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of Customer

Date :

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of Customer

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.