

FORM A

Application for enrolment

To
The Competent Authority
Maavoi West Bengal Health Scheme for the Journalists, 2016
Information & Cultural Affairs Department
Government of West Bengal

Sir,

I, Shri/Smt. (designation).....
attached to under
do hereby opt. for coming under the "Maavoi - West Bengal Health Scheme for the Journalists, 2016",
with effect from

The particulars of the members of my family as defined in clause (iv) of the Scheme are as follows:

Name of the Journalist :
Designation :
Residential address :

Date of birth :
Accreditation Card Number
with validity date. :
(attach photocopy of Press Card)

Details of Family:-

Sl. No.	Name	Age	Relationship	Monthly Income, If any	Affix stamp Size Photo	Signature of the beneficiary
1.						
2.						

3.					
4.					
5					
6					

I hereby declare that the particulars furnished by me are true to the best of my knowledge & belief and I shall abide by the provisions of the “Maavoi - West Bengal Health Scheme for the Journalists, 2016”, as may be in force from time to time.

Counter Signature of the Editor/
Channel Head/ News Editor with
Seal & Date

Signature of the Applicant
with Date

(NB:- In support of relationship, please attach self attested photocopy of voter I D Card /Aadhar Card / Ration Card / Passport/ Driving Licence/Pan Card/Birth Certificate. Monthly income certificate depending parents to be submitted, as prescribed in the guidelines.)