

GOVERNMENT OF TELANGANA
INFORMATION AND PUBLIC RELATIONS DEPARTMENT
PROFORMA FOR WORKING AND RETIRED JOURNALISTS HEALTH SCHEME
(For Non- Accredited Journalists)

| | | | |
|------|---|--|-------|
| 1. | PERSONAL DETAILS | | PHOTO |
| 1.1 | Surname | | |
| 1.2 | Name | | |
| 1.3 | Gender | | |
| 1.4 | Father/Husband Name | | |
| 1.5 | Marital status | | |
| 1.6 | Date of Birth | | |
| 1.7 | Place of Birth | | |
| 1.8 | Local status | | |
| 1.9 | Is spouse working | | |
| 1.10 | Mobile No. | | |
| 1.11 | Personal Email ID | | |
| 1.12 | Adhaar/Enrolment No. | | |
| 1.13 | Community | | |
| 1.14 | Whether you have ESI? If yes, please mention the number. | | |
| 1.15 | Whether you have Arogyasri Card? If yes, please mention the number | | |
| 2. | Organization Name | | |
| 2.1 | First Appointment | | |
| 2.2 | Present Designation | | |
| 2.3 | Experience | | |
| 2.4 | Office Address | | |
| 2.5 | Phone No. | | |
| 3 | Permanent Residence Address | | |
| 3.1 | Phone No. | | |

FAMILY DETAILS

| | | | |
|--------------------|------------|--|--|
| PARENT (Father) | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |
| PARENT (Mother) | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |
| SPOUSE | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |
| CHILDREN 1 | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |
| CHILDREN 2 | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |
| CHILDREN 3 | Name | | |
| | DOB & Age | | |
| | Aadhar No. | | |

DECLARATION

The above information is true to the best of my knowledge. I agree to share my Aadhaar Card details of self and family with Government of Telangana. I am aware that declaration of wrong dependents will entail disciplinary action against me.

Date:

Signature

CERTIFICATE BY EDITOR/CHIEF OF BUREAU/ EDITION INCHARGE/DIST. STAFFER

I hereby verified and certified that the information given in the application form is true and correct. I also certify that Shri/Ms. _____ is on the pay-rolls of our organization and working since _____

Date:

Signature of the Editor/Chief of Bureau
Edition Incharge/District Staffer
Name & Designation