

MEMBERSHIP FORM

No. 15647/185
Mob.: 9821931038
9437002509



Mem. No.

President

Secretary General

INDIAN FEDERATION OF SMALL AND MEDIUM NEWSPAPERS

(1291, Ground Floor, Sector 16B, Pocket B Dwarka, New Delhi - 110 075, India)

E-mail: ifsmn85@gmail.com

Website: www.ifsmn.org

<input type="checkbox"/> LIFE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> PATRON	<input type="checkbox"/> NEW	Affix Your Photo
1. Name of the Media				
2. Language				
3. Periodicity				
4. Circulation				
5. Name of the Owner				
6. Name of the Editor				
7. Name of the Publisher				
8. Year of Establishment				
9. RNI Registration No.				
10. If online media, domain name				
11. Are you member/office bearer of any other all India level media organisation? i) name of the org. ii) date of joining membership iii) Date of accepting office bearership				
12. D/M/Y of Joining IFSMN				
13. Who will represent your media in IFSMN? a) Name of the representative (Rep.) b) Designation in your media c) his/her postal address d) Phone No.				
Cell : _____ Landline : _____				

DOR

SIGNATURE _____

P.T.O.

e) Fax No.	
f) Date of Birth	
g) E-mail id	
h) Educational Qualification	
i) Are you accredited with PIB/Lok Sabha/Rajya Sabha/State Govt./Assembly/Legislative Council?	
14. Do you file your annual return with RNI regularly?	
15. Are you on the DAVP panel? If yes, from which year and what's the rate you are getting.	
16. Are you on the State Govt. advertisement list? If yes from which year and rate thereof?	
17. Do you pay levy to the Press Council of India?	
18. Name of places from where your other editions are published. i) year of establishment of that edition. ii) circulation of each edition.	

I have read the Constitution, Rules and Regulations of the IFSMN and I agree to abide by them.

SEAL

New Membership to be recommended by one Life Members from any State

New Membership to be recommended by State Convenor/President

SIGNATURE OF THE OWNER

1. _____
(Name in caps)

Signature

(IFSMN MEM. NO. _____)

2. _____
(Name in caps)

Signature

(IFSMN MEM. NO. _____)

MEMBERSHIP FEE

Patron: Rs. 10000 (Rs. Ten Thousand)
New : Rs. 300 p.a.

Life : Rs. 5000 (Rs. Five Thousand)
Rehewal: Rs. 200 p.a.

ENCLOSURES :

1) Demand Draft/Cheque No. _____ dated _____ of Rs. _____ drawn on _____

OUTSTATION CHEQUES PLEASE ADD RS. 25 EXTRA FOR OUTSTATION CHEQUE.

2) Two stamp Size photographs (3) Newspaper Issue No. _____ Date _____ Year _____

(4) Bio-data Of Rep. :

Verified by _____ Date
Signature

Remarks of Membership Committee :

Authorised Signatory,
(any one member-in-Committee)

DATE OF APPROVAL

D.O.J.