APPLICATION FORM FOR ALLOCATION OF INDIGENOUS NEWSPRINT

PERIOD TO WHICH THE PARTICULARS RELATE

FROM:			TO:					
1.Name of the Newspaper/Periodical:								
		, II						
(i) Language (ii) Periodicity		(iii) Place of Public	(iv) RNI Regn. No.				
2. Name & Address of the Publisher			3. Name & Address of the owner					
4. Assessment of Circulation by RNI								
	b) Claimed Circulation		sessed lation	(d) Date of a RNI's asses enclosed)	assessment (Copy of sment letter			
(a) Year for (b) Claimed			RNI's asses				

MONTHLY DETAILS OF CIRCULATION DURING THE PERIOD UNDER REPORT

Average for period

PARTICULARS	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
1. Actual No. Of Publishing days.												
2. Average No. Of copies printed per publishing day												
3. Average No. Of copies sold per publishing day												
4. Average No. Of copies distributed free per publishing day, (including complimentary, vouchers, exchange, bonus, sample & office copies)												
5. Average No. Of unsold returns & other copies printed but not included in (2) & (4)												
6. Average size in sq.cms. of the newspaper/periodical published.												
7. Average No. Of pages printed per publishing day.												
8. Average No. Of pages per issue.												
9. Consumption of Newsprint in Metric Tonnes during the period under report. (a) (a) Indigenous MTs. (b) (b) Imported MTs. (c) (c) White Ptg.Paper* MTs.* This includes any newsprint that is purchased outside the entitlement (d) (d) REP Mts. such as waste newsprint, newsprint purchased from local market etc Total Newsprint Consumption:: Mts												
10. REMARKS IF ANY:												
Signature of the Publisher												
Place:Name in Block letters.												
Date:												

CERTIFICATE BY THE CHARTERED ACCOUNTANT

statement set forth above reflects true and correct analysis of circulation, page size, and No. of publications days for the period mentioned above to the best of my/our information and belief and the same duly supported by the figures as per the books of account etc. are found to be in order. Place:	I/We	have	examined	the	books	and	accounts	of
information and explanations required by me/us. In my/our opinion the statement set forth above reflects true and correct analysis of circulation, page size, and No. of publications days for the period mentioned above to the best of my/our information and belief and the same duly supported by the figures as per the books of account etc. are found to be in order. Place: Signature: Name in Block Capitals: Stamp/Seal of the person who has signed the Certificate: Regn.No. Of the C.A&Address of the premises:								
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the best of my/our information and belief and the same duly supported by the figures as per the books of account etc. are found to be in order. Place: Signature: Name in Block Capitals: Stamp/Seal of the person who has signed the Certificate: Regn.No. Of the C.A&Address of the premises:	stateme	nt set for	th above refle	ects true	and corre	ct analy	sis of circulat	tion,
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Place: Signature: Date: Name in Block Capitals : Stamp/Seal of the person who has signed the Certificate : Regn.No. Of the C.A&Address of the premises:	the best	t of my/o	ur information	and be	elief and the	e same o	duly supported	d by
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