APPLICATION FORM FOR GRANT OF PERMISSION FOR SETTING UP COMMUNITY RADIO STATION (Seven Copies to be submitted)

The Secretary,
Ministry of Information & Broadcasting
'A' Wing, Shastri Bhawan,
New Delhi – 110 001

Sir,

I hereby submit the following details in support of the eligibility as prescribed in the guidelines for Grant of permission for setting up Community Radio Station in India.

1	Name of the Institution/Organisation:	
2	Location:	
3 M	ailing Address for Communication and otl	ner contact details:
	Address:	
	City/Town	
	Pincode:	
	Telephone Number:	
	E-Mail:	
	Fax:	
4	Local Address, if any (of Delhi):	
5	Name of the Head of the Institution/ organisation:	
6	Name, designation and address of the authorized signatory responsible for complying with the terms and conditions of the Grant of Permission Agreement (GOPA) (Details to be furnished as per Annex. II)	
7	Details of the organization and members of the Governing Body: (Please furnish details of members along with bio-data of each\ member as per Annexure-II)	

8. Fill-up as per your Institution Type	
(A) EDUCATIONAL INSTITUTIONS	
(i) Whether the educational institution is government/private or govt. aided: (Please furnish details along with documentary proof)	
(ii) Whether recognized by: (a) Central Government (b) State Government:	
(iii) Give a profile of the Institution:	
(iv) Details of the Community/Area proposed to be served?: (enclose an area map indicating the entire area of service to be covered by the Community Radio)	
(v) Please furnish documents (like certificate under section 12-A of Income tax Actor any other document) in support of the institution being "Non Profit" as certified in para 6 of the Certificate/Affidavit (Annexure-I)	
9. State the:	
(i) Power of the FM radio transmitter: (upto 100 watt ERP is generally permitted. In exceptional case, upto 250 Watt ERP could be considered subject to the conditions laid down in the guidelines.	
(ii) Height of the tower (Max. 30 meter and Min. 15 meter above the: ground level permitted):	
10. Location of the FM transmitter & Antenna	:
(i) Geo-coordinates of the location:	
(in degrees, minutes and seconds):	
(ii) Height above mean sea level (AMSL in meters): (In the case of educational institutions, the FM Transmitter and Antenna should be located within the premises of educational institution. In all other cases, the FM Transmitter and Antenna should be located within the geographical area of the	

community to be served. Please indicate the name of the village/town/area etc. where Transmitter & Antenna is to be located and the entire area of service to be covered by the Community radio along with a map). Mobile FM transmitter and antenna is not permitted. 11. Nature/Types of programmes to be	
broadcast:	
12. Language(s) in which programme is to be produced/broadcast:	
13. Number of Hours proposed to be broadcast:	
14. Source of content (own/acquired):	
15. Profile of the community located in 10 km radius of the institution & their problems:	
16. How your programmes are going to help the targeted community:	
17. How you propose to involve the local community in the production of programmes and management of CRS:	
18. Have you made any survey amongst the community about the need for setting up CRS and the : requirements of the targeted population? Give brief details	
19. Details of sources of funding and amount	proposed to be invested for:
a. Setting up of infrastructure:	
b. Maintenance:	
c. Programme production:	
20. Foreign Aid, if any:	
21. Details of the processing fee (Demand Draft Number): Attached Demand for Rs. 2500/- towards processing fee drawn on (name of the bank, branch) in favour of Pay & Accounts Officer, Ministry of Information & Broadcasting, New Delhi (Please note that	

only)	
5 <i>y</i> /	

DECLARATION

- i. I/We are duly authorized to sign this application for and on behalf of Periyar University.
- ii. I/We hereby certify that the above statements are true and correct to the best of my/our knowledge and belief.
- iii. I/We hereby undertake to inform Ministry of Information and Broadcasting if any of the facts furnished above undergo a change in future.
- iv. I/We undertake to abide by the programme code of AIR including conditions laid down in para 5 of Guidelines.
- v. I/We undertake to preserve tapes/CDs or recordings of the broadcasts in any form for 3 months and provide the same to Government, as and when required.
- vi. I/We undertake to comply with all the terms and conditions laid down in the Guidelines and such other instructions as may be issued by the Government from time to time.
- vii. Affidavit as in Annexure-I and bio-data of members as in Annexure-II are enclosed.

(s)] rs) ry)

(Name in Block letter (Designation of Signato

CERTIFICATE/AFFIDAVIT

- 1. I understand that this application, if found incomplete in any respect and/or if found with conditional compliance or not accompanied with the requisite processing fee, shall be summarily rejected.
- 2. I undertake to follow in letter and spirit the programme code being followed by AIR or any other code(s), which may come into force any time.
- 3. I understand that if at any time any averments made or information furnished for obtaining the permission is found incorrect, my application shall be liable to be rejected and any permission granted on the basis of this application shall be liable for termination.
- 4. I certify that the institution/organization shall not undertake transmission of sponsored programmes except the programmes sponsored by Central & State Governments and other organisations to broadcast public interest information.
- 5. I certify that the institution/organization shall undertake limited advertising and announcements relating to local events, local businesses and services and employment opportunities and the maximum duration of such limited advertising shall not exceed 5 (Five) minutes per hour of broadcast.
- 6. I certify that the institution/organization is a 'Non-Profit' entity.
- 7. I certify that the revenue generated from such advertisement and announcements shall be utilized only for the operational expenses and capital expenditure of the CRS. I certify that after meeting the full financial needs of the CRS, surplus amount shall, with prior written permission of the Ministry of Information & Broadcasting, be ploughed into the primary activity of the organization i.e. for education in case of educational institutions / for furthering the primary objectives for which the NGO has been established.
- 8. I hereby certify that after issue of Letter of Intent (LOI) by the granter and having obtained the SACFA clearance from WPC wing of Ministry of Communication & IT, I shall sign the Grant of permission agreement (GPOA) for Community Radio Broadcasting with Ministry of Information & Broadcasting. I undertake to comply fully with all the terms and conditions therein; failing which the granter may terminate/revoke/cancel the agreement.
- 9. I certify that to the best of my knowledge and belief, the statements made in this application are correct. I understand that the Government of India reserves the right to revoke the permission if at any time any statement made is found to be false and to have been made by me or any member or any officer knowing it to be false.

Signature and name of the authorised signatory

(Office Seal)

*Add more members if needed.

	Details	of members/authorized signatory
1	Name:	
2	Date of birth:	
3	Parentage(Full name of father & mother):	
4	Nationality:	
5	Permanent Address:	
6	Residential Address:	
7	Official Address:	
8	Passport Number (if any):	
9	Qualification:	
10	Experience:	
	Details	of members/authorized signatory
1	Name:	of members/authorized signatory
1 2		of members/authorized signatory
	Name:	of members/authorized signatory
2	Name: Date of birth: Parentage (Full name of	of members/authorized signatory
2	Name: Date of birth: Parentage (Full name of father & mother):	of members/authorized signatory
3	Name: Date of birth: Parentage (Full name of father & mother): Nationality:	of members/authorized signatory
2 3 4 5	Name: Date of birth: Parentage (Full name of father & mother): Nationality: Permanent Address:	of members/authorized signatory
2 3 4 5 6	Name: Date of birth: Parentage (Full name of father & mother): Nationality: Permanent Address: Residential Address:	of members/authorized signatory
2 3 4 5 6 7	Name: Date of birth: Parentage (Full name of father & mother): Nationality: Permanent Address: Residential Address: Official Address:	of members/authorized signatory