



MEMBERSHIP FORM
ODISHA JOURNALISTS UNION
Regd. No. 954 - CTC / 11
60-BUDHESWARI COLONY
BHUBANESWAR - 751006

Affix Recent
Passport Size
Photo

1. Name Of the District
2. Name Of the Journalist
(In Capital Letter)
3. Father's / Husband's Name
4. Date of Birth & Age
5. Name of Nominee
6. Full Address
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-
- Tel No.....
7. Qualification
8. Name of the Organisation
9. Station
10. Experience (If any)

* Identification proof (I card or authorization or news Clips) : For authentication please enclose
Xerox copy of your Press ID Card / Authorization Letter / News Clippings.

DECLARATION

I declare that I am not a member of any other Journalists union and details furnished above are true to the best of my knowledge & belief.

Signature of
President / General Secretary
.....District

Signature of Journalist
Date :

Recommendation of General Secretary, O.J.U