1. **TITLE OF THE SCHEME**
The Scheme may be called the Journalists Welfare Scheme.

2. **PERIOD OF OPERATION**
It shall come into force with effect from 1st February, 2013.

3. **PURPOSE OF THE SCHEME**
To provide one time ex-gratia relief on urgent basis to journalists and their families.

A journalist for the purpose of this scheme would mean,

(i) a working journalist as defined under the Working Journalists and other Newspaper employees (Condition of Service) and Miscellaneous Provisions Act, 1955, or

(ii) 'Media Personnel' whose principal avocation is that of reporting/editing for news channels of radio, TV or web-based services and who is employed as such, either whole-time or part-time, in or in relation to, one or more such establishments and includes news editor, reporter, photographer, cameraman, photo journalist, freelance journalists, but does not include any such person who --

a) is employed mainly in a managerial or administrative capacity, or

b) is being employed in a supervisory capacity, performs, either by the nature of the duties attached to his office or by reason of the powers vested in him, function mainly of a managerial nature.

Family for the purpose of this Scheme will mean the journalist, spouse, dependent parents and dependent children.

4. **CONSTITUTION AND ADMINISTRATION OF THE SCHEME**
The Scheme will be constituted under the Ministry of Information & Broadcasting and will be administered by a Committee comprising:-

Minister/Minister of State of the Ministry of Information & Broadcasting, Govt. of India - Patron
Secretary(I&B) - Chairperson
Principal DG (M&C), PIB - Member
AS&FA - Member
JS(P) - Member
Dy. Secretary/Director, Ministry of I&B handling Press matters - Member- Convener
5. **ELIGIBILITY FOR AVAILING ASSISTANCE FROM THE SCHEME**

A journalist shall be eligible for relief from the Scheme, provided that -

1) He/she is a citizen of India,
2) He/she is ordinarily resident of India,
3) He/she should be accredited to PIB at the Headquarters of the Govt. of India or at the Headquarters (Capitals) of the State/UT Governments.
4) Journalists who are not presently accredited to either the Government of India or any State/UT Government shall also be eligible for relief from the Scheme if they have been journalists as defined under these guidelines for a minimum period of five continuous years.

6. **PROCEDURE FOR SANCTION FROM THE SCHEME**

Proposals received for assistance from the Scheme will be processed by the Principal Director General (Media & Communication), Press Information Bureau (PIB) and will be sent to the Committee with specific recommendation and supporting documents.

The recommendation will be considered and decided by the Committee and the assistance will be released with the approval of Minister of Information & Broadcasting. However, in cases of urgency, the Chairman may initiate a case for approval of Minister of Information & Broadcasting. Such approvals will be reported in the next meeting of the Committee.

7. **APPLICATION FORM**

The application for the grant of financial assistance under this scheme shall be submitted to the Principal DG (M&C), PIB in the form prescribed in schedule-I. Any other additional information may be asked by the Committee. The Committee may amend the application format as and when required.

The Committee may also suo moto take up cases for grant of financial assistance even if an application has not been received from the journalist/beneficiaries.

8. **ASSISTANCE AVAILABLE UNDER THE SCHEME**

(i) Upto Rs.5 lakh may be provided to the family under extreme hardship on account of death of the journalist.

(ii) Upto Rs.5 lakh may be provided to the journalist in case of permanent disability rendering the journalist incapable of earning a livelihood.

(iii) Upto Rs.3 lakh may be provided towards the cost of treatment of major ailments such as cancer, renal failure, heart ailments requiring by-pass/ open heart surgery, angioplasty, brain hemorrhage and paralytic
attack etc. This would be subject to the medical expenditure not being covered under CGHS, or any other insurance/departmental health schemes, etc. However, relief under this provision is available to the journalist only up to the age of 65 years.

(iv) Upto Rs.2 lakh may be provided in case of accidents causing serious injuries necessitating hospitalization. This would be subject to the medical expenditure not being covered under CGHS, or any other insurance/departmental health schemes, etc.

However, in case of non-accredited journalists, the quantum of assistance available for cases (ii), (iii) and (iv) above will be limited to Rupees One Lakh for journalists having worked as such for 5 continuous years and thereafter Rupees One Lakh for every additional 5 years of working in the same manner subject to the maximum ceiling provided in each case.

9. EXCEPTION
   Notwithstanding anything contained in these guidelines, the Committee if it feels necessary in very special/exceptional cases may recommend higher level of assistance or suggest any other deviation of the guidelines for approval of Hon’ble Minister of Information & Broadcasting.

10. PAYMENT FROM THE SCHEME
    The payments shall be made from the budgetary allocations earmarked for the Journalist Welfare Scheme during the financial year.

11. BUDGET HEAD
    2220 - Information and Publicity (Major Head)(Non-Plan)
    60 - Others (Sub-Major Head)
    60.103 - Press Information Services (Minor Head)
    01 - Press Information Bureau
    01.02 - Journalist Welfare
    01.02.50 - Other Charges.

12. GENERAL
    Grant of financial assistance from the Scheme to any working journalist is not a matter of right. Assistance would be extended depending on the Committee’s satisfaction regarding the eligibility/merits of the cases and the financial resources available for the purpose. The Committee reserves the right to reject or accept any application without assigning any reasons therefor.

*********
**APPLICATION FORM FOR FINANCIAL ASSISTANCE TO JOURNALISTS UNDER THE JOURNALISTS WELFARE SCHEME (JWS)**

To,

The Director General (M&C),
Press Information Bureau (PIB),
‘A’ Wing, Shastri Bhawan,
New Delhi.

<table>
<thead>
<tr>
<th>Schedule – I</th>
</tr>
</thead>
</table>

1. **Name of the Journalist seeking financial assistance (or for whom financial assistance is being sought)**

2. **In case of demise of the Journalist:**
   Name of the applicant in full, along with address and relation with the deceased

3. (i) **Date of birth of the Journalist**
   (Attach documentary proof)
   (ii) **Age as on date of incident for which compensation/assistance is being asked for**

4. **Contact Details:**
   (i) **Full postal address of Journalist/claimant**
   (Proof of residence be attached)
   (ii) **Mobile/Phone No.**
   (iii) **Alternate Mobile/Phone No.**
   (iv) **E-mail, if any**

5. (i) **Whether Journalist is/was citizen of India**
   (Tick one)
   Yes  No
   (ii) **Whether Journalist is/was ordinarily resident of India**
   (Tick one)
   Yes  No

6. **Organization for which the Journalist was/is working**
   (Indicate Freelance if applicable)

7. **Nature of Employment (Full Time/Part Time, Regular/Contractual Employee, Stringer, Retired, Contract for Job work)**

8. **Details of work experience of Journalist, along with the duration of service in the above organization**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Period</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Reason and purpose for financial assistance (attach documentary proof as applicable)

(i) Death of journalist resulting in extreme hardship to family: Mention date, nature & cause of death

(ii) Permanent disability rendering the journalist incapable of earning a livelihood

(iii) Major ailments: mention details of nature & duration of ailment along with the place (name of hospital), nature (drugs/surgery/radiotherapy, etc.) and period of treatment sought

(iv) Accidents causing serious injuries necessitating hospitalization: mention details including date of accident and place, nature & period of treatment

10. Amount of financial assistance sought (please attach a bill summary of all individual bills/receipts in case of multiple bills)

11. Details of financial assistance received/applied for from other sources: (eg. PM Relief Fund, CM Relief Fund, Journalist Associations/Organizations, Insurance claims, Motor Accident Claims, Tribunal, others if any)

12. Accreditation Details:

(i) Whether accredited (Tick one)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(ii) If yes, Specify whether Accreditation is granted by PIB or State Govt.
(Mention name of State)

(iii) Presently accredited on behalf of
(name of media organization)

(iv) Period of validity of accreditation

(v) Card No.

13. Whether media person for whom claim is made is/was CGHS beneficiary or not (if yes, reasons for not availing benefit of CGHS facility)
14. Family details (applicable only in case of death/disability of journalist)

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Full Name of family member</th>
<th>Sex (M/F)</th>
<th>Date of Birth/Age in completed years</th>
<th>Relationship with the deceased journalist</th>
<th>Details of employment (including salary/wages etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Bank's Accounts details (Please provide the full details as per Mandate Form enclosed).

16. Any other relevant information

17. Documents attached with this application
   (i)  
   (ii)  
   (iii) 
   (iv)  
   (v)   
   (vi)  
   (vii)  

   I hereby certify that all the above particulars furnished by me are true to the best of my knowledge and nothing has been concealed which is relevant to this request for financial assistance.

   I undertake to refund the assistance if it is found at any stage that it was obtained on basis of information known to be false or misrepresentation of true facts along with the interest at the prevailing interest rates applicable in nationalized banks.

   Signature of the Applicant

   Place: ............................

   Date: .............................
**MANDATE FORM**

Electronic Clearing Service (Clearing/Real Time Gross Settlement (RTGS) facility for receiving payments

A. Details of Accounts Holder: -

<table>
<thead>
<tr>
<th>Name of Account Holder</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Contact Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Number/Fax/E-mail</td>
<td></td>
</tr>
</tbody>
</table>

B. Bank Account Details: -

<table>
<thead>
<tr>
<th>Bank Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch Name with Complete Address, Telephone No. and E-mail</td>
<td></td>
</tr>
<tr>
<td>Whether the Branch is computerized?</td>
<td></td>
</tr>
<tr>
<td>Whether the Branch is RTGS enabled? If yes, then what is the Branch?'s IFSC Code</td>
<td></td>
</tr>
<tr>
<td>Is the Branch also NEFT enabled?</td>
<td></td>
</tr>
<tr>
<td>Type of Bank Account (SB/Current/Cash Credit)</td>
<td></td>
</tr>
<tr>
<td>Complete Bank Account No. (Latest)</td>
<td></td>
</tr>
<tr>
<td>MICR Code of Bank</td>
<td></td>
</tr>
</tbody>
</table>

Date of effect: -

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date: 

Signature of Customer

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its upgradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.