

**APPLICATION FORM FOR RENEWAL OF GRANT OF PERMISSION FOR
SETTING UP COMMUNITY RADIO STATION (FM)**
(To be submitted in TRIPLICATE)

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 Renewal of Grant of permission for setting up Community Radio Station (FM) in India.

1. Name of the Institution/Organisation:
2. Location
1. Mailing Address for Communication:
Pin Code Tel. No

E-Mail.....FAX
2. Local Address, if any (at Delhi):
3. Name of the Head of the Institution/organisation:
4. 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):
5. 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)
6. Date of signing of present license agreement/GOPA:
7. Whether Quarterly Report on the working of the Community Radio Station (as per annexure – III) has been furnished: Yes/No
8. Functional Details of the Community Radio Station:
 - I. Operating Frequency:
 - II. Date of operationalisation:
 - III. Station identification:
 - IV. Power of FM Transmitter:
 - V. Location of Transmitter and Antenna:
 - VI. Height of Antenna above ground level:

- 9. Overall Capital Cost of the installed equipment:
(Please furnish details as per Annexure-IV)**
- 10. Annual Operational & Maintenance Cost:
(including staff salaries & wages etc.)**
- 11. Programme production cost per annum:**
- 12. Source of Funding:**

(Please indicate how the expenses of last year were met from various sources and the constraints faced, if any)
- 13. Programme Hours:
Morning:
Evening:**
- 14. Nature of content/programme with duration:**
 - I. Community Development**
 - II. Educational**
 - III. Cultural**
 - IV. Health**
 - V. Environment**
 - VI. Agriculture**
 - VII. Rural**
- 15. Source of content/programme:**

(Please state the particulars of agencies alongwith programmes supplied by them, and difficulties faced in this regard-if any)
- 16. How your programmes cover the target population/community?**
 - a. Going to the community for recording?**
 - b. Calling the community members to your studio?**
 - c. Do you pay any fee/remuneration to the experts/talkers?**
 - d. Any other mode of interaction with the surrounding communities?**
- 17. Whether the target population/community is satisfied with your programmes?**
- 18. Has any survey/opinion poll been conducted in this regard, if so, the details there of:**
- 19. Experience so far:
(Please state whether the institute is satisfied that the CRS is achieving the desired objectives for which it has been established and to what extent?)**
- 20. Complaints received, if any, and the details regarding disposal thereof:**
- 21. Suggestions, if any?**

22. Details of the processing fee:

**Attached Demand Draft No..... dated.....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 the DD must be payable at Delhi/New Delhi only)**

Dated

**Signature
(Name of the Principal/Authorized Signatory)
(Office Seal)**

Note: Please attach separate sheets, wherever required.

DECLARATION

- I. I/We are duly authorized to sign this application for and on behalf of -----
-----.
- 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 hereby undertake to furnish the Quarterly Report on the working of the Community Radio Station as prescribed in Annexure – III.*
- V. I/We undertake to abide by the programme code of AIR including conditions laid down in para 5 of Guidelines.
- VI. 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.
- VII. 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.
- VIII. Affidavit as in Annexure-I and bio-data of members as in Annexure-II are enclosed.

[Signature of applicant (s)]

(Name in Block letters)

Place:

Date:

Designation of Signatory

(Office Seal)

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)

Details of members/authorized signatory

- 1. Name**
- 2. Date of birth**
- 3. Parentage**
- 4. Nationality**
- 5. Permanent Address**
- 6. Residential Address**
- 7. Official Address**
- 8. Passport Number (if any)**
- 9. Qualification**
- 10. Experience**

**Signature and name of the authorised signatory
(Office Seal)**

Quarterly Report on the working of Community Radio Station

(For the Quarter ending March/June/September/December 2007)

1. Name of the institution:
2. Location:
3. Station identification:
4. Date of Commissioning:
5. Programme Hours
 - a) Morning
 - b) Evening
6. Nature of content/programme with duration:
 - a) Community Development
 - b) Educational
 - c) Cultural
 - d) Health
 - e) Environment
 - f) Agriculture
 - g) Rural

7. Source of content/programme:

(Please state the particulars of agencies alongwith programmes supplied by them, difficulties faced in this regard)

8. Source of Funding

(Please indicate how the expenses of last year were met from various sources and the constraints faced, if any)

9. Experience so far:

(Please state whether the institute is satisfied that the CRS is achieving the desired objectives and to what extent. Whether the target population is satisfied? Has any survey/opinion poll been conducted in this regard, if so, the results there of?)

contd.- 2

10. Complaints received, if any, and the details regarding disposal thereof:

11. Suggestions, if any?

Dated

Signature
(Name of the Principal/Authorized Signatory)

(Office Seal)

Note: Please attach separate sheets, wherever required.

Details of the installed equipments with cost

Equipment Details	Cost of Equipment	Make of Equipment
Transmitter		
Antenna with Tower		
No of studios & control room etc.		
Studio Equipments Mixer Microphone Amplifiers CD Players Recorders etc.		
Civil Works & Acoustic treatment etc.		
Power Supply Equip.		
Air-conditioning Equip.		
Total Capital Cost		