



PRESS REGISTRAR

GOVERNMENT OF PAKISTAN
MINISTRY OF INFORMATION AND BROADCASTING
OFFICE OF THE PRESS REGISTRAR

Ground Floor, B-II Block, Benevolent Fund Building, Zero Point, Islamabad Ph
051-9252279, 051-9252205

Website: www.opr.gov.pk Email: pressregistrar@opr.gov.pk

NOC PROFORMA
FOR RE-VALIDATION OF THE TITLE OF NEWS AGENCY

(If the Applicant files a request for Re-validation/Re-issuance of a NOC on the prescribed Proforma along with a copy of the NOC within three (3) months of the expiry date, no document will be required. In case of a lapse of 3 months, all the requisite documents prescribed for that Category of NOC shall be submitted with the Proforma.)

DETAIL ABOUT NEWS AGENCY:

- Title Name: _____
- Category: _____ Periodicity: _____
- Language (s): _____ Station: _____
- Date of NOC Issued: _____
- Category of NOC: _____
(Fresh or Additional Title/Other Station/Transfer-ship/Change of Language)
- Reason for Re-Validation of NOC: _____

OWNER'S CREDENTIALS:

- Name of Owner: _____ S/o, D/o, W/o _____
- CNIC No.

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- Telephone No. _____ Mobile No. _____
- Email ID: _____ Present Profession: _____
- Address (Office): _____
- Address (Home): _____
- Names of Titles listed in the name of Owner: _____
- Names of Titles Sold-out/gifted by the Owner: _____
- Name of Degree: _____ Year of Passing: _____
- Name of University: _____
- Experience: (a) Name of Publication: _____

(b) Designation _____ (c) Period Served _____

- Source of Funding: _____
- Bank Account Details: Account Title: _____
Account No.: _____
Bank Branch: _____

EDITOR'S CREDENTIALS:

- Name of Editor: _____ S/o, D/o, W/o _____
- CNIC No.

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- Telephone No. _____ Mobile No. _____
- Email ID: _____ Present Profession: _____
- Address (Office): _____
- Address (Home): _____
- Names of Titles Allotted to Editor: _____

- Name of Degree: _____ Year of Passing: _____
- Name of University: _____
- Experience: (a) Name of Publication: _____
(b) Designation _____ (c) Period Served _____

DATED: _____

SIGNATURE OF OWNER