How to fill the New CR Application

Q. No.	Checklist for CR License Application Form	Remark
1	Name of the institution/Organization	Write the Full name of the organization (No abbreviation)
2	Details of Location	Write the full address of the CR Station location (For Edu. Inst. the CR location should be within the campus) (Complete Address including pin code)
3	Mailing address for communication	Complete Postal Address including City/Village/District/State/ pin code (this address could be as same as the CR location address)
	Telephone No	Give the organization's contact number with STD code also give a mobile contact number apart from landline number
	Email	Email given should not exceed 30 characters
	Fax	Optional
4	Local Address (if any) of Delhi	Optional (This address could be as same as the CR location address)
5	Name of the Head of the Institution/Organization	Write the complete name of the head of the organization with initials and surname
6	Name, designation and address of the authorized signatory responsible for complying with the terms and conditions of the Grant of Permission Agreement	Give the complete name of the authorized signatory of the organization with initials and surname along with his/ her designation and full postal address (Please furnish these details as per Annexure II)
7	Details of the organization and members of the Governing Body	Please state "Enclosed" in this column and provide details as per Annexure II
8 a)	**Educational Institution**	It is very important which Institution/Organization Category that you choose your category very carefully
	Whether the educational institution is private /govt. aided	Please state if the educational institution is private or government aided and attach an attested copy of the supporting document for the same

		Whether recognized by : (a) Central Government (b) State Government: (Please furnish details along with documentary proof)	Please state if the educational institution is recognized by the central or state government and attach an attested copy of the supporting document for the same
		Give a profile of the Institution	Kindly provide a complete profile of the institution along with the achievements & activities for the same on a word document and attach with the application
		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)	Kindly attach a district level map of the service area of the CRS location of the scale 1cm=1km. The map should be a government approved map. Google maps are not accepted
		Please furnish documents like certificate under section 12-A of Income tax Act or any other document in support of the institution being "Non Profit"	Kindly attach an attested copy of the 12 A Income tax form or any other form that states that the institution is Non Profit
8 b)		**Agricultural University/ICAR Institution/Krishi Vigyan Kendra**	It is very important which Institution/Organization Category that you choose your category very carefully
		Whether the institution/ organization is private /govt. aided	Please state if the institution/ organization is private or government aided and attach an attested copy of the supporting document for the same
		Whether recognized by : (a) Central Government (b) State Government: (Please furnish details along with documentary proof)	Please state if the institution/ organization is recognized by the central or state government and attach an attested copy of the supporting document for the same
		Give a profile of the Institution	Kindly provide a complete profile of the institution/ organization along with the achievements & activities for the same on a word document and attach with the application
		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)	Kindly attach a district level map of the service area of the CRS location of the scale 1cm=1km. The map should be a government approved map. Google maps are not accepted
8 c)		**Non-Profit Organization/Voluntary Organization/NGOs etc**.	It is very important which Institution/Organization Category that you choose your category very carefully
		Whether registered under Societies Act or any other such act relevant to the purpose: (Please furnish details and enclose attested photocopy of the registration certificate)	Please state under which act the organization/ institution has been registered and attach an attested copy of the registration certificate (Kindly note if your registration

			certificate is in any other language except for Hindi/ English kindly attach an attested copy of the translated version also)
		Whether completed 3 years of registration at the time of application	Please state the registration date of the organization/ institution
		Enclose a copy of the Memorandum of Article of Association	Kindly attach an attested copy of the Memorandum of Article of Association/ Bye Laws (Kindly note if your Memorandum of Article of Association/ Bye Laws is in any other language except for Hindi/ English kindly attach an attested copy of the translated version also)
		Enclose certified copies of the balance sheet for the last three years of the Organization/ NGO/ Civil Society Organization	Kindly attach CA audited balance sheets of your organization/ institution for the previous 3 years
		Whether received grant from the Central Govt. / State Govt. /Multilateral agencies? (if yes, please give details with supporting documents)	Kindly state an attested copy of any grant that you have received whose funds are to be used for CR and if not received any grant kindly enter "NA" in the column
		Give a profile of the Organization including past achievements, community based projects undertaken	Kindly provide a complete profile of the institution/ organization along with the achievements, activities and community based projects undertaken for the same on a word document and attach with the application
		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)	Kindly attach a district level map of the service area of the CRS location of the scale 1cm=1km. The map should be a government approved map. Google maps are not accepted
		Objective sought to be achieved by setting up the CRS	Kindly provide the objectives which are to be achieved by setting up the CRS on a word document and attach with the application
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.)	Kindly enter the power of the transmitter eg: 50 watt ERP
		(ii) Height of the tower (Max. 30 meter and Min. 15 meter above the ground level permitted)	Kindly enter the height of the tower on which the antenna is to be placed

10	Please furnish following details: (i) Geo-coordinates of the location (in degrees, minutes and seconds)	Kindly enter the geo coordinates of the CRS location where the antenna is to be placed in degree, minute and second format (Please note that the geo coordinates should not be obtained from google but from a recognized device such as a GPS phone, please stand at the CR location with you phone/ device and get the geo coordinates using the maps option)
	(ii) Height above mean sea level (AMSL in meters)	Kindly enter the above mean sea level of the CRS location where the antenna is to be placed (Kindly note the AMSL of the CRS location can be obtained from the nearest railway station, AMSL obtained from google are not accepted)
11	Nature/Types of programmes to be broadcast	Kindly enter the formats and explanation of programmes to be broadcasted
12	Language(s) in which programme is to be produced/broadcast	Kindly enter the languages in which the programmes are to be broadcasted
13	Number of Hours proposed to be broadcast	Please enter the hours of broadcasting
14	Source of content (own/acquired)	Please enter the sources of the content of the programmes. If the programmes content will be own/ acquired and if so how will that be
15	Profile of the community located in 10 km radius of the institution & their problems	Please state the profile of the service area that has been proposed. Kindly state the population, names of villages, sex ration, problems of the community residing the service area, religions of the people, occupations etc
16	How your programmes are going to help the targeted community	Please state clearly how the programmes that you have thought you will broadcast will help the target community, what kind of programmes will you produce/ broadcast and why have you chosen to broadcast such content
17	How you propose to involve the local community in the production of programmes and management of CRS	Please enter what are the methods that you will use to involve the local community in the CRS, how will you

		involve them in the production & management eg: value added programmes, events, health camps etc
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	Please attach the survey report along wit the application if the survey has been made (Please note that though it is not mandatory to do the survey , it is good practice to conduct a survey before filing the application to know the community and its issues better)
19	Details of sources of funding for – a. Setting up of infrastructure b. Maintenance c. Programme production	Kindly state the approximate figure of finance to be invested under each head along with the source from which the finance will be obtained
20	Foreign Aid, if any: (Foreign aid permitted only from multilateral agencies. Please attach a copy of the FCRA clearance.)	Kindly attach an attested copy of the foreign aid as well as the FCRA clearance and if not received then kindly enter "NA" in the column
21	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)	Kindly enter the demand draft number, date and name of the bank & branch
22	**D E C L A R A T I O N**	Kindly fill in the name of the organization, the authorized signatory needs to sign the declaration, state his name, designation, place & date & seal it
ANNEXURE -I	**CERTIFICATE/AFFIDAVIT**	The authorized signatory needs to sign the certificate/ affidavit & seal it
ANNEXURE -II	**Details of members/authorized signatory**	Please fill in this form with details of all governing body members individually & get it signed & sealed from them
	1. Name	Please enter the full name of the governing body member

	2. Date of birth	Please enter the date of birth of the governing body member in dd/mm/yyyy format
	3. (i) Name of Father (ii)Name of Mother	Please enter the full name of father & mother of the governing body member
	4. Nationality	Please enter the nationality of the governing body member
	5. Permanent Address	Please enter the governing body member's full permanent address with pin code
	6. Residential Address	Please enter the governing body member's full residential address with pin code
	7. Official Address	Please enter the governing body member's full official address with pin code
	8. Passport Number (if any)	Please enter the passport number of the governing body member if available, if not kindly enter "NA" in this column
	9. Qualification	Kindly enter the qualification of the governing body member eg: MA, BA, BBA etc
	10. Experience	Kindly state the number of years of experience that the governing body member has