





MEDIA ACCREDITATION FORM

FAMILY NAME:		
FIRST NAME:		
NATIONALITY:		
SEX:	MALE	FEMALE
MEDIA ORGANISATION:		
PASSPORT NO.:		
PROFESSIONAL CARD NO.:		
DUTIES TO BE PERFORMED IN THE CHAMPIONSHIPS (PLEASE SPECIFY)		

JOURNALIST:

VIDEO CAMERA PERSON:

PHOTOGRAPHIC CAMERA PERSON

TECHNICIAN / OTHER:

CONTACT ADDRESS .:

TELEPHONE:

FAX:

EMAIL ID:

TIME & DATE OF ARRIVAL:

SIGNATURE OF APPLICANT

DATE

INDIAN BODY BUILDERS FEDERATION

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