## DEPARTMENT OF GOVERNMENT INFORMATION

## **APPLICATION FOR MEDIA ACCREDITATION - 2024**

## **CATEGORY - (PROVINCIAL JOURNALIST)**

(Please refer the guidelines and Gazette notification (21.11.2023 - No.2359/11) before completing this application.)

1.	Name in Full (Mr./Mrs./Miss):													
	(In block letters / Ensure word													
	spacing)													
2.	Name with the initials:													
		L1		1 1		1 1								
3.	National Identity Card													
	Number:	Yea	or .		Mo	nth		Date						
							7 F							
4.	Date of Birth:													
_														
5.	Name of the Media Organization:													
	organization.													
6.	Name of the News Paper/													
•	Magazine / TV / Radio /	τv	Radio	News F	Paper	Mag	azine	Web	N	lews	Agen	су		
	Web / News Agency:													
						1			l					
7.	i. Job Title/Post:	<b></b>	<u>г г</u>									1		
7.	1. 500 1116/1 051.													
	ii. Nature of your employment		Full Tin	ne		Pai	rt Tim	е						
	iii. If part time what is the								•••••		•••••			
	full time job:								•••••		•••••	•		
8.	Previous Accreditation No:				Year:						- 1"			
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9.	i. Address (Office):									
	ii. Telephone No:									
	iii. Fax No:									
	iv. E-mail:									
10.	i. Address (Residence):									
	ii. Telephone No:						 		1	
	iii. Mobile No:									
	iv. Personal E-mail:									
11.	District/ Area assigned in y	ou						 		
	District:									
	Area:									

I hereby declare that the above details furnished by me are true and correct and I do further admit that in the event of any particulars found false or incorrect the Director General of Government Information has the full authority to withdraw or cancel the media accreditation card issued to me under his signature.

Signature	of	Δnn	licant	
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Date

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**Note:** This Application should accompany a letter of request from the head of organization.

FOR OFFICE USE ONLY	
Recommended	Approved
	(DGI)
Media Accreditation Division, Department of G	overnment Information, No. 163, Kirulapone Avenue, Colombo 05.