DEPARTMENT OF GOVERNMENT INFORMATION

APPLICATION FOR MEDIA ACCREDITATION – 2025

CATEGORY - (PROVINCIAL JOURNALIST)

(Please refer the guidelines and Gazette notification (05.12.2024 – No.2413/44) before completing this application)

1.	Name in Full:															
	(In block letters / Ensure word															
	spacing)															
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2.	Name with the initials:															
3.	Date of Birth:							\neg			7					
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	ii. Nature of your employment Full Time Part Time															
	If part time what is the		-	1	1				_							
	iii. Full time job:															
9.	Previous Accreditation No:					Year	. 「							1		^
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10. District/ Area assigned in y	you																		
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iv. Personal e-mail:																			
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 Applicant								D	ate										
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Note: Name and media institute of Government Information www.dgi. This Application should accompany	.gov.lk	and	l Go	vern	me	nt o	fficia	ıl ne	ws	oort	tal w	ww.			the [Depar	tmen	t of	
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Media Accreditation Unit, Depar	rtment	t of (Gov	ernn	nen	t Inf	orm	atio	n, N	lo. :	163,	Kiru	lapon	e Av	enue,	Colo	mbo	05.	