

PRESS ACCREDITATION FORM – (Provincial)
GOVERNMENT INFORMATION DEPARTMENT – Year 2017-18

1. i. Full Name (Mr./Mrs./Miss) : -----

- ii. Preferred Name on Accreditation Card :-----
2. i. Job Title : -----
• Full Time/Part Time : -----
• If part time what is the full time job : -----
- ii. Representing Area : -----
- iii. District : -----
3. i. Name of Media / Institution : -----
- ii. Name of the Newspaper/TV and Radio : -----
4. National Identity Card No. : -----
5. Date of Birth: Year : ----- Month : ----- Date : -----
6. Previous Accreditation No. & Year : -----
7. Date of Appointment : -----
8. Applicant's Details :
i. Address : -----

- ii. Telephone No. : -----
- iii. Fax Number : -----
- iv. E-mail : -----
- v. Cellular Phone No.: -----

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 Govt. Information has all the rights to withdraw or cancel the Media Accreditation card issued to me under his signature.

Signature of Applicant

Date : -----

photograph

For Office Use Only

Recommended :

Approved :

DGI

Organization	Date of Posted	Received	Issued	Acc No.
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