



12.Address (Office)


Telephone No 

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Fax No 

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E-mail 



13.Address (Residence)

Telephone No 

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Mobile No 

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Personal e-mail 

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**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 the full authority to withdraw or cancel the media accreditation card issued to me under his signature.**

.....  
Signature of Applicant

.....  
Date

**Recommended by:**

Name .....

.....  
Date

Secretary /Additional Secretary/Director General/  
General Manager/Chief executive officer

Signature and Rubber Stamp .....

**Note:**

**Name and Ministry/Govt. Institute of the media officer will be published on official website of the Department of Government Information and Govt official news portal. (www.dgi.gov.lk/www.news.lk)**

This application should accompany a letter of request from the head of organization

<b><u>For Office Use Only</u></b>	
.....	
Recommended: .....	Approved .....
	(DGI )
Department of Government Information. Media Accreditation Division, No.163, Kirulapona Road, Colombo	