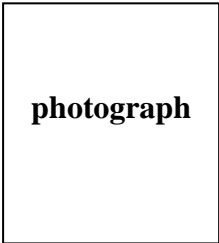


PRESS ACCREDITATION FORM – (Provincial)
GOVERNMENT INFORMATION DEPARTMENT – Year 2016-17

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

- ii. Preferred Name on Accreditation Card :-----
2. i. Job Title : -----
- 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. (2014-15) : -----
7. Date of Appointment : -----
8. Applicant's Details :
 - i. Address : -----

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



Signature of Applicant
 Date : -----

For Office Use Only

Recommended :

Approved :

DGI

Organization	Date of Posted	Received	Issued	Acc No.
-----	-----	-----	-----	-----