



Ministry of Health & Mass Media
Asidisi Mass Media Scholarship Programme -2026
SPECIMEN APPLICATION

01. Full name in Sinhala (Mr./Mrs./Miss.) :
02. Full name in English block letters :
03. Name with Initials :
04. Personal Address - in Sinhala :
- in English block letters :
05. Personal Phone Number : Mobile..... WhatsApp
06. Date of Birth :
07. Age as on the closing date of application : Years..... Months Days
08. NIC Number :
09. Highest educational qualification obtained :
10. Details of the Training Course applied
- I. Course Title :
- II. Training Institution :
- III. Duration :
- IV. Course Fee :
11. Are you able to submit a letter issued by the relevant institution confirming your eligibility for the course to the interview board?
 Yes No
12. Have you previously benefited under this Scholarship programme? Yes No
 If yes, name of the course and year :
- If so, whether the course will be completed as at 10.07.2026:
 Yes No
13. Service Particulars
- ❖ Employment Status Permanent Temporary Provincial Freelance web Technical
- ❖ Designation :
- ❖ Name of the Institution :
- (Newspaper/ Channel/ Others) :
- ❖ Official Address :
- ❖ Telephone Number (Official) :
- ❖ Email Address (personal) :
- ❖ Accreditation Card Number issued by the Department of Government Information Year
- ❖ Professional Experience (Years) :
- ❖ District Covered :
- (for Provincial Journalists)

I hereby certify that the above particulars are true and accurate.

Date:

Signature of the Applicant:

Recommendation of the Head of the Institution

I recommend Mr./Mrs./Miss.....who is serving in our institution as a Permanent/ Temporary/ Provincial/ Freelance/ Web/ Technical Journalist from.....toas eligible to apply for the aforementioned Scholarship. Further, I certify that the particular provided above true and accurate.

01. Name :
02. Designation :
03. Address :
04. Telephone No. :

Date:

Signature and the official stamp: