

SPECIMEN APPLICATION

Asidisi Media Scholarship Programme - 2025
Ministry of Health and Mass Media

1. Name in Full (Block Letters) :- (Mr. / Mrs. / Miss)
2. Name with Initials :-
3. Personal Address :-
4. Telephone No. :- Mobile:..... WhatsApp :
5. Date of Birth :-
6. Age as at the closing date of applications :- Years : Months : Days :
7. National Identity Card No. :-
8. Highest Educational Qualification :-
9. Details of the Training Course Applied
 - i. Course Title :-
 - ii. Training Institute :-
 - iii. Duration :-
 - iv. Course Fee :-
10. Can you submit to the Interview Board, a letter on your selection for the course at the relevant institute?
Can Cannot
11. Have you received financial grants from the Government under any other training programme? Yes No
If yes, Name of the Course Institute Duration
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12. Service Particulars
 - Employment status :- Permanent Temporary Provincial
Freelance Web Technical
 - Designation :-
 - Name of the Institution :-
 - Newspaper / Channel :-
 - Official Address :-
 - Telephone No. :- Office : Fax :
 - Email Address :-
 - ID No. issued by the Department of Government Information :- No.:- Year:-
 - Professional Experience (Years) :-
 - District Covered :-
13. Have you obtained financial grants earlier under this scholarship scheme? Yes No.
If yes, the Course and the Year:-

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

Date:

Signature of the Applicant:

Recommendation of the Head of the Institution

Mr./Mrs./Miss is serving in this institution as a permanent / part-time / provincial / freelance / Web / Technician journalist from to and I recommend him / her to be eligible for the above scholarship programme. I hereby certify that the above particulars are true and correct.

1. Name :-
2. Designation :-
3. Address :-
4. Telephone No. :-

Date:

.....
Signature and Official Stamp