



# Ministry of Mass Media

## **Proposed Audio-Visual "Asi-Disi" Emergency Accident and Medical Insurance Scheme for Media Personnel engaged in the Mass Media Field, realizing the vision of Prosperity "Saubhagyeye Dekma" 2021-2022.**

(Recipients of this insurance coverage provided for one year only will not be charged with any amount of money).

Applications are invited from the Mass Media Personnel who are positively active in the Mass Media field, yet do not receive any insurance coverage from a Media Institution, aged between 19-65 years of age group, holding a valid media personnel identity card, registered in the Department of Government Information.

**Applications could be downloaded from the website of the Ministry of Mass Media [www.media.gov.lk](http://www.media.gov.lk)**

Duly completed applications should be sent by registered post to the following address to reach on or before 30.06.2021 and the caption to the effect "AsiDisi" Emergency Accidents and Medical Insurance" should be marked on the top left-hand corner of the envelope, enclosing applications. Scanned copy of the duly completed applications may be forwarded to the e-mail address: [ad.secdev.media@gmail.com](mailto:ad.secdev.media@gmail.com)

### **The address above referred to :**

Additional Secretary (Development and Planning),  
No. 163, "Asidisi Medura", Kirulapona Mawatha,  
Polhengoda, Colombo 05.

**Secretary,  
Ministry of Mass Media,  
No. 163, Asidisi Medura,  
Kirulapona Mawatha,  
Polhengoda,  
Colombo 05.**

**10.06.2021**



## “Asi Disi” Insurance Coverage

\_\_\_\_\_

මාධ්‍ය හැඳුනුම්පත් අංකය Media Identity Card Number	
ලියාපදිංචි වර්ෂය Year of Registration	
මාධ්‍ය සේවය Media Service	

(a) Personal Information																						
1	Name in full																					
		Mr. / Mrs. / Miss																				
2	Name in full in block letters (one letter per cage)																					
3	National Identity Card No.																					
4	Date of Birth	Year					Month			Date												
5	Sex	Female					Male															
6	Marital Status	Married					Unmarried															
7	Age at the closing date of applications	Years					Months				Days											
		(A copy of the Birth Certificate should be affixed)																				
8	Personal Address																					
		Province										District										
		Divisional Secretariat Division																				

9	Official Address																					
		Province										District										
		Divisional Secretariat Division																				
10	Contact No. – Mobile																					
	Fixed																					
11	Tick (✓) off in – front of the social media networks used	WhatsApp			Viber			Facebook														
	Phone No. of the social media network																					
12	e-mail address																					
Details of a close relative / guardian (Spouse / Mother / Father / A Child / Guardian) – (Write off unnecessary words)																						
13	Name																					
	Address																					
	Contact No. - Mobile																					
Details of bank accounts																						
14	Name of the account holder																					
	Name of the Bank	Branch										Account No.										
15	Are you healthy?	Yes				No																
	If your answer to above No. 15 is No, describe your illness																					
16	Are you a totally or partially disabled?	Yes				No																

	If your answer to above No. 16 is Yes, describe your disability						
17	Are you suffering from a chronic disease?	Yes			No		
	If your answer to above No. 16 is Yes, describe nature of your ailment						
18	Are you permanently or temporarily engaged in a recognized media institution?	Yes			No		
	If your answer to above 18 is Yes,	Name of the media entity				Designation	
19	Have the above entity in No. 18 awarded you an insurance coverage?	Yes			No		
	If an insurance coverage has been awarded, nature of that coverage				Name of the insurance entity		Insurance deed No.
20	Do you possess a personal insurance coverage?	Yes			No		
	If there is a personal insurance coverage as per No. 20 above, its nature				Name of the insurance entity		Insurance deed No.

This is to certify that all the information furnished above are true and accurate.

.....

Date

.....

Signature of the Applicant