

**DEPARTMENT OF DEMOGRAPHY, FACULTY OF ARTS,
UNIVERSITY OF COLOMBO**

**Application form
A Summer Programme on Advanced Research Methods**

FULL NAME (Rev. / Dr. / Mr. / Ms.):					
PRIVATE MAILING ADDRESS AND CONTACT NUMBER:					
PHONE: FAX: E-MAIL:					
DATE OF BIRTH:	Gender: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">Male</td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="padding: 2px 10px;">Female</td><td style="width: 20px; height: 20px;"></td></tr></table>	Male		Female	
Male					
Female					
NATIONAL ID NO:					
CURRENT EMPLOYMENT:					
DESIGNATION:					
OFFICE ADDRESS AND CONTACT NUMBER:					
QUALIFICATIONS:					
FOOD PREFERENCE: VEG <input type="checkbox"/> FISH <input type="checkbox"/> CHICKEN <input type="checkbox"/>					
I certify that the above information is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of Workshop on A Summer Programme on Advanced Research Methods by Department of Demography, Faculty of Arts, University of Colombo.					
..... Signature of the Applicant Date				

Duly completed registration form with the paying-in slip (with the bank seal) for **Rs. 15000.00 /=-** credited to University of Colombo **Account No: 304071100002” of the Peoples Bank, Thimbirigasyaya Branch**, should be sent to the Head, Department of Demography, Faculty of Arts, University of Colombo 07, by registered post or by hand **on or before 18th March 2020**. The envelope containing the application form must be marked **“Workshop on A Summer Programme on Advanced Research Methods - 2020”** on its top left-hand corner. **(Please confirm your participation through the telephone or by email)**