



University of Colombo - Department of Geography
Application Form for Admission
Short Course on Geographical Information Systems

NAME WITH INITIALS <small>Rev/Mr /Mrs/ Miss</small>	
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NAME IN FULL	
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ADDRESS FOR CORRESPONDENCE	
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CONTACT NO	MOBILE	HOME

EMAIL	
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EDUCATIONAL QUALIFICATIONS	
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EXPERIENCE IN ICT	
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PRESENT EMPLOYMENT	
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NAME AND ADDRESS OF EMPLOYER	
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DATE OF BIRTH	Date	Month	Year

AGE	Years	Sex	Male	Female

CIVIL STATUS	Married	Single

I Certify that the above information given by me are true and accurate to the best of my knowledge

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Signature of the Applicant

Date :

Duly completed application form should be sent to

GIS Course Coordinators, Department of Geography, University of Colombo, Colombo 03
Or Email: asitha@geo.cmb.ac.lk/sandamali@geo.cmb.ac.lk