



University of Colombo - Department of Geography
Application Form for Admission
Certificate Course in Geographic Information Systems

NAME WITH INITIALS <small>Rev/Mr /Mrs/ Miss</small>	
-----------------------------------------------------	--

NAME IN FULL	
--------------	--

ADDRESS FOR CORRESPONDENCE	
----------------------------	--

CONTACT NO	MOBILE	NIC

EMAIL	
-------	--

EDUCATIONAL QUALIFICATIONS	
----------------------------	--

EXPERIENCE IN ICT	
-------------------	--

PRESENT EMPLOYMENT	
--------------------	--

NAME AND ADDRESS OF EMPLOYER	
------------------------------	--

DATE OF BIRTH	Date	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------	------	----------------------	----------------------	-------	----------------------	----------------------	------	----------------------	----------------------	----------------------	----------------------

AGE	<input type="text"/>	Years	Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
-----	----------------------	-------	-----	------	--------------------------	--------	--------------------------

CIVIL STATUS	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
--------------	---------	--------------------------	--------	--------------------------

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

.....
Signature of the Applicant

Date :

Duly completed application form should be sent to

GIS Course Coordinator, Department of Geography, University of Colombo, Colombo 03

Or Email:sandamali@geo.cmb.ac.lk