**APPLICATION FOR CERTIFICATE COURSE IN AGRIBUSINESS MANAGEMENT**

 Application No.

**Department of Export Agriculture – Uva Wellassa University of Sri Lanka**

1. Name in Full (BLOCK LETTERS)

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1. Name with Initials

Tick the relevant cage Rev. [ ]  Mr. [ ]  Mrs. [ ]  Miss. [ ]

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1. Date of Birth

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1. Nationality

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1. Permanent Address

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| Mobile |  |
| Telephone |  |
| E-mail |  |

1. Contact Details
2. Educational Qualifications (G.C.E.A/L)

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1. Experience

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1. Other Qualifications

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I hereby certify that the above information is true and correct, I’m aware that my candidature may cancelled if the information provided by me found false or incorrect.

 Date Signature of Applicant