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)

2. Name with Initials

   Tick the relevant cage Rev. ☐ Mr. ☐ Mrs. ☐ Miss. ☐

3. Date of Birth

4. N.I.C. No

5. Nationality

6. Permanent Address

7. Contact Details

Mobile	
Telephone	
E-mail	

8. Educational Qualifications (G.C.E.A/L)

9. Experience

10. Other Qualifications

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.

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Date Signature of Applicant