

APPLICATION FOR CERTIFICATE COURSE IN																									
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Department of Export Agriculture - Uva Wellassa University of Sri Lanka																									
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3.	Date	of	Birth																						
4.	N.I.C. No																								
5.	Nationality																								
6.	Permanent Address																								
7.	Contact Details				Mobile																				
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8.	Educational					E-mail																			
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I hereby certify that the above information is true and corre	ect, I'm aware that my candidature								
may cancelled if the information provided by me found false or incorrect.									
Date	Signature of Applicant								

- Duly filled application can be sent to Director, CODL, Uva Wellassa University, Passara Road, Badulla.
- $\circ$  Please write the course name in the upper-left hand corner of the envelope.