GIS for Beginners

Course Application

Personal Data

1. Name with Initials : …….
2. NIC Number : ……
3. Date of Birth : ……

If Employed

4. Designation : …….
5. Organization : …….

Contact Details

6. Official Address : …….
   : …….
   Tel : …… Fax : …….
   Official E-mail : ……

7. Private Address : ……
   : …….
   Mobile : …… WhatsApp No : ……
   Personal E-mail : …….

Qualifications

8. Highest Educational Qualifications Achieved : ……
   ……
   ……

9. Professional Qualifications : ……
   ……
   ……

10. How does relate GIS for your work or subject : ……
    ……
    ……

I do hereby certify that the above information is true & correct and also agree with course condition.

…… Date : ……./……/…….

Applicant's Signature

Recommendation of Institution Head

If above officer select to above course, He / She is able to release to follow the GIS course.

……. Date : ……./……/…….

Signature and Official Seal

Institute of Surveying & Mapping, Diyatalawa Tel – 057-2229001 Fax – 0572229004/Email - snrdsgtr@survey.gov.lk/Web – www.ism.ac.lk