



METROPOLITAN CAMPUS KDU

APPLICATION FORM

Office Use Only

01 Course Title

02 Name of Applicant

03 NIC Number

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 (National Identity Card Number)

04 Date of Birth

D	D	M	M	Y	Y	Y	Y
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05 Designation

06 Organization

07 Official Address

Tele

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Fax

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Email

08 Private Address

Tele

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Mob

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Email

09 How did you get to know about this programme ?
 Website Facebook Bulletin Programme Coordinator
Other :

10 I do hereby certify that the above information is true and correct
Signature : Date :

11 **Payment Confirmation**

A) Head of Department

Mr/Ms is nominated for the training programme on his/her course fee will be/will not be paid by our department.

Signature : Date :

Name/Designation :

B) Paid by

Cheque Cash Credit Card Receipt Number :

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Please attach a copy of the payment receipt to the Application.