

APPLICATION FORM

Fill this application form and **Email** to **info@softwise.lk** or **WhatsApp** to **0766887372**.

1. COURSE NAME

--

2. ORGANIZATION DETAILS

NAME

--

ADDRESS

--

TELEPHONE NO

--

FAX NO

--

EMAIL

--

3. APPLICANT'S DETAILS

NAME WITH INITIALS (BLOCK LETTERS)

--

MOBILE NO

--

OFFICE LAND NO (DIRECT)

--

EXT. NO

--

PERSONAL EMAIL

--

NAME WITH INITIALS (BLOCK LETTERS)

--

MOBILE NO

--

OFFICE LAND NO (DIRECT)

--

EXT. NO

--

PERSONAL EMAIL

--

NAME WITH INITIALS (BLOCK LETTERS)

--

MOBILE NO

--

OFFICE LAND NO (DIRECT)

--

EXT. NO

--

PERSONAL EMAIL

--

* If more applicants, please take copy of this application form and fill.

4. HEAD OF DEPARTMENT

The above list of staff are nominated for the above training program and course fee will be / will not be paid by our department.

NAME

DESIGNATION

/ /
DATE

SIGNATURE

ORGANIZATION SEAL