



WORKSHOP ON
GEOGRAPHICAL INFORMATION SYSTEMS
APPLICATION FORM

First Name : Prof./Dr./Mr./Mrs./Miss. _____

Last Name : _____

Agency/Organization: _____

Designation: _____

Address for Correspondence:

_____ Tel: _____

_____ Fax: _____

_____ E-mail: _____

Highest Education Qualifications

University/ Department: _____

(Select the best suitable option)

Computer Awareness : Very Low Medium Good Very Good

GIS Knowledge : Very Low Medium Good Very Good

Funding for the Workshop Fees:

Own Funds My office Other _____

I certify that the above particulars are true and bound to follow the rules and regulations of the University.

Signature of the applicant