



E-mail: pic@eledanug.com
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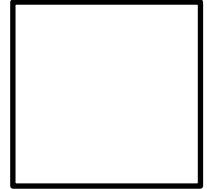
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PORTICO INSTITUTE OF COMPUTING

APPLICATION FORM

FOR OFFICIAL USE ONLY.

PLEASE FILL IN THE CORRECT INFORMATION.



Full Name:

Contact Number:

E-Mail:

Gender: Male Female

Most Recent Qualifications

.....

Packages/Modules Applied for:

FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	FOURTH CHOICE

Proposed Date of start of the training

Place of residence

Most convenient time of day/week for training

Day(s)

Time

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.....

I do, declare that the information provided above is true and to the best of my knowledge

Applicant's Signature _____

Date

"Learn Visually"

ELUNGAT Joseph
IT CONSULT

REMARKS