



PUBLIC OFFICERS' WELFARE COUNCIL
Photography Initiation course for public officers
APPLICATION FORM

Name: *Mr./Mrs./Miss.....

(* Strike as appropriate and SURNAME IN BLOCK LETTERS)

Ministry/Department:

Office Address:.....

Designation:.....

Mobile Number:.....

Tel Office:.....

Fax:.....

Tel (Residential):.....

Email Address:.....

Residential Address:

Camera

Make:.....

Model:.....

Date:

Signature:

For office use only

Amount _____
Paid

Receipt No. _____