

**POST GRADUATE MANAGEMENT DIPLOMA PROGRAMME**

**CYPRUS ACADEMIC YEAR 2007/2008**

**APPLICATION FORM**

Surname :..... Title: .....

Other Names:.....

Date of Birth:..... Age:.....

Marital Status:.....

Telephone (Office):..... (Residence) ..... (Mobile).....

Fax No. (Office):..... E-mail address:.....

Designation:.....

Present Posting.....

***Academic Qualifications:***

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***Other Qualifications:***

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***Appointments (in chronological order):***

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***Training Courses/Seminars followed (both locally & overseas)***

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.....  
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Signature of Applicant:..... Date: .....

Submitted and recommended/ not recommended

Signature of Supervising Officer..... Date: .....