

REQUEST FOR QUOTATION FORM

APPLICATION FOR NON CREDIT BEARING SHORT COURSES (NCBSCs)

NAME OF INSTITUTION:

NAME OF CONTACT PERSON:

POSTAL ADDRESS:

TELEPHONE/CELL:

No.	Course Title	App Status (✓)		Number of Modules
		New	Renew	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(NB: Module Fees will be charged from the second module)

Prepared by..... Signature..... Date.....

OUR PEOPLE • OUR FUTURE

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