

Office Use	Only
Application No.	District
AG/SI/2022/	

Application Closing Date : 31.01.2023

Paste a passport size coloured photo taken within six months

## APPLICATION FOR REGISTRATION OF DIPLOMA HOLDERS IN AGRICULTURE AS A

# CANDIDATE FOR THE BACHELOR OF SCIENCE HONOURS IN AGRICULTURE DEGREE PROGRAMME FACULTY OF AGRICULTURE RAJARATA UNIVERSITY OF SRI LANKA

## PERSONAL INFORMATION

- 01. Title : Please tick (v) :
- 02. Name with initials :

### 03. Names Denoted by Initials

Example

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### 03. a. Permanent Residential Details :

(Address of permanent residence of the applicant)

Telephone						
Mobile						
E-mail		•				

# b. Official Details :

(Address of the present office)

Telephone						
Mobile						
E-mail						

## c. Correspondent Details :

(Address to wh	ich th	e coi	res	pon	dent	to b	e se	nt)		
Telephone										
Mobile										
E-mail										

#### 06. a. Date of Birth:

Date	Month	Year		
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(Please enclose a certified photocopy of the Birth Certificate)

b. Age (as at 15.11.2022) :

	Male	Female	please tick (V)
07. Sex :	Whate	T CHILdie	preuse tien (V)

### **08.** National Identity Card No. or Passport No.

(Please enclose certified photocopy of the ID Card/details page of passport)

## ACADEMIC INFORMATION

### 09. (a) Results of G.C.E. (Advanced Level) Examination

(Please enclose certified photocopies of G.C.E. (A/L) and Z-Score Certified)

Year :					Stream o	of Study	
Index No :							

(Applicants whose official results are released, indicate the grades obtained along with 'z score')

"Z" Score									Old Syllabus		New Syllabus	
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Please tick (V)

Subject	Grade

# 9 (b) Results of G.C.E. (Ordinary Level) Examination in English

(Please enclose certified photocopies of G.C.E. (O/L) results/certificates)

Year :			Grade	

# c. Details of the Diploma in Agriculture (Please enclose certified photo copy of the Diploma in Agriculture)

Year of passed out			Medium							
Institution										
Duration of the Course Grade										
		1 1								
10. Work Experience										
a) Present Post										
b) Date of Appointme	ent									
c) Type of Post	Permanent Te		mporary				C	Casual		
		ı L		I	]					
	Others (specify)									

d) Experience in the Field of Agriculture (Please enclose the service certificates)

Post held	Institution	From	То	No. of years

I hereby declare that the above particulars are true and correct to the best of my knowledge and I am also aware that if any of the above particulars are found to be false, even after my selection, my studentship is liable to be cancelled from the date of my admission.

.....

Date	Signature of the Applicant

## Recommendation of the Head of the Department /Institution

I hereby declare that Mr./Ms. ..... is working under me and recommended / not recommended to follow this course and he/she will be released for studies full time for a period of four years if selected.

Date	:	Head of the Department/Institution
Name	:	
Design	nation :	
	(Office Seal)	