



Office Use Only	
Application No.	District
AG/SI/2019/	

Application Closing Date : 03.01.2020

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 AGRICULTURE SPECIAL DEGREE
PROGRAMME
FACULTY OF AGRICULTURE
RAJARATA UNIVERSITY OF SRI LANKA**

PERSONAL INFORMATION

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

Mr.		Ms.		Other (Please specify)	
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Example

P	E	R	E	R	A	P	W	J	K												
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03. Names Denoted by Initials

04. a. Permanent Residential Details :

(Address of permanent residence)

Telephone																						
Mobile																						
E-mail																						

b. Official Details :

(Address of the present office)

Telephone																						
Mobile																						
E-mail																						

c. Correspondent Details :

(Address to which the correspondent to be sent)

Telephone												
Mobile												
E-mail												

05. a. Date of Birth:

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

b. Age (as at 03.01.2020) :

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06. Sex :

Male		Female	
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please tick (✓)

07. National Identity Card No. or Passport No.

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

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ACADEMIC INFORMATION

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

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

Year :

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Stream of Study

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Index No :

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

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

Subject	Grade

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 :

Designation :

(Office Seal)