

**Application Closing Date : 21.09.2018**

Office use only	
Application No.	District
AG/LTI/2018/	



**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) :

Mr.		Ms.		Other (Please specify)	
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02. Name with initials :


**Example**

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


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 which the correspondent to be sent)

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 21.09.2018) :

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07. Sex : Male Female please tick (v)

Male		Female	
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08. 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

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 :

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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 (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 :

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Grade

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

Year passed out

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Medium

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Institution

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Duration of the Course

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Grade

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**10. Work Experience**

a) Present Post

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b) Date of Appointment

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c) Type of Post

Permanent	
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Temporary	
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Casual	
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Others (specify)	
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d) Experience in the Field of Agriculture (Please enclose the service certificates)

Post held	Institution	From	To	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

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**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)