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

Application Closing Date : 15.12.2022

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

Paste a passport size coloured photo taken within six months

**CANDIDATE FOR THE BACHELOR OF SCIENCE HONOURS IN AGRICULTURE DEGREE PROGRAMME**

**FACULTY OF AGRICULTURE**

**RAJARATA UNIVERSITY OF SRI LANKA**

**PERSONAL INFORMATION**

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| Mr. |  | Ms.  |  | Other (Please specify) |  |

1. Title : Please tick (√) :

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1. Name with initials :

 **Example**

03. Names Denoted by Initials

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1. a. Permanent Residential Details : b. Official Details :

(Address of permanent residence of the applicant) (Address of the present office)

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| Telephone |  |  |  |  |  |  |  |  |  |  |  |  | Telephone |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |  |
| E-mail |  |  | E-mail |  |  |  |  |  |  |  |  |  |  | E-mail |

1. **Correspondent Details** :

(Address to which the correspondent to be sent)

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| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail |  |  |  |  |  |  |  |  |  |  |  | E-mail |

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| Date |  |  | Month |  |  | Year |  |  |  |  |

**06. a. Date of Birth:**

 (Please enclose a certified photocopy of the Birth Certificate)

|  |  |  |
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|  |  |  |

 b. Age (as at 15.11.2022) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  | Female |  | please tick (√) |

 **07. Sex :**

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**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)

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|  |  |  |  |  | Stream of Study  |  |

 Year :

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 Index No :

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

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| “Z” Score |  |  |  |  |  |  |  |  | Old Syllabus  |  |  New Syllabus |  |

Please tick (√)

|  |  |
| --- | --- |
| **Subject** | **Grade** |
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**9 (b) Results of G.C.E. (Ordinary Level) Examination in English**

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

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|  |  |  |  |  | Grade  |  |

 Year :

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

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| Year of passed out  |  |  |  |  |  | Medium  |  |  |  |  |  |  |  |

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| Institution  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Duration of the Course  |  |  |  |  |  |  |  |  | Grade |  |  |  |  |  |  |  |

**10. Work Experience**

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 a) Present Post

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b) Date of Appointment

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| Permanent  |  |  | Temporary |  |  | Casual  |  |

 c) Type of Post

|  |  |
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| Others (specify)  |  |

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)