Application for Short Courses Department of Animal and Food Sciences, Faculty of Agriculture

Course applied for:										Reference no:		
										Offic	ce use only	
	e fill following		in blo	ck let	ters							
1.	Name with init											
	(Rev./Mr./Mrs	./Ms./O	ther)									
2.	Full name											
3.	Postal address											
4.	Contact telephone number			Mobile			Residence		Off	Office		
5.	Email address											
6.	Date of birth	D	M	Y	7.	Age	as	s at	applying d	ate		Years
8.	Gender $()$	Male							Female			
9.	NIC number						10		Nationalit	y		
11.	Educational qu	ıalificati	ons (Please	attacl	n cop	ies	of	educationa	l cer	tifica	ites)
11.1	G.C.E.(O/L)	<u> </u>										
	Subj			Grade			Subject			Grade		
11.2	1.2 Other educational qualifications							1				
	School/Institute/University		Course/Program studies			1	Year completed		ed	Results obtained		
				_								
11.3	Datails on adu	antional	ingtit	uto if	o stud	ont (o	tto	oh	a copy of v	Olle (ctudo	nt identity
11.5	Details on educational institute if a student (attach a copy of your student identity card if a student of Rajarata University of Sri Lanka)											
		Course/program				Year studying in		n 1	Expected year			
	School /University /Other				L				of completion			

Rajarata University of Sri Lanka

12.	Any other relevant qualifications							
13.	Details on present employment if any (attach a copy of your university identity car							
	if staff of Rajarata University							
	Name of Institute	Des	esignation Experience (no of years in the					
				position)				
14.	J J II \							
	give details)							
1.5		1 .	•	1.0	1 7 7			
15.	Have you currently or previou				Yes	No		
15.1	course offered by the Faculty of the	of Agric	culture (\))				
15.1	<u> </u>							
	Course		Year Status					
		re	registered					
			Completed/Incomplete/ ongoing					
			Completed/Incomplete/ ongoing					
17	7771:1 1:	1	0: 1 1	Completed/Incomplete/ ongoing				
17.	Which medium of instruction	do you	you Sinhala		English			
10	prefer for this course ? $()$	1.						
18.	Any specific reason for attending this course							
19.	Any other relevant information that you wish to inform							
17.			, , , , , , , , , , , , , , , , , , ,					
Decla	ration by the applicant:							
	ereby certify that the above par			~				
	of my knowledge. In the event o		_	_	_	_		
	abide by the rules and regulation	ns gove	rning exte	ernal candidat	es of Rajara	ta		
	ersity of Sri Lanka		T					
Date:			Signatur	re:				
1								

Rajarata University of Sri Lanka									
	ication processing fee		20 1 111	1 0 11 1					
			00 should be paid to t	the following account when					
	ing to the short cours								
	Bank name: People's Bank								
	Account number: 008-1-001-4-8565998								
	Name: Rajarata University of Sri Lanka Bank deposit slip should be sent with the application. Applications without the application								
	processing fee will not be processed further. This application processing fee is not refundable in any situation. Please note that this fee is only for processing of your application and it								
_	not guarantee the acc			g or your application and it					
does	not guarantee the acc	reptance to the si	iort course.						
Pavm	Payment details of application processing fee								
	unt paid	1 2	Date paid						
Bank	the payment has bee	en made from							
	e paste the bank depo								
For office use only									
01.	Recommendation	1.Selection	Recommended/not	Signatures					
01.	Kecommendation			Signatures					
		Committee	recommended						
		2.Academic	Recommended/not	Signature					
		Coordinator	recommended	_					

Amount (Rs.)

Date paid

Reference/receipt no.

Payment details

Application processing fee
 Course fee

02.