Application for Short Courses

Department of Plant Sciences, Faculty of Agriculture, Rajarata University of Sri Lanka

Course applied for:				Reference no:					
Please fill following details in block letters									
1. Name with initials									
(Rev./Mr./Mrs./Ms./Other)									
2. Full name									
3. Postal address									
4. Contact telephone number		Mobile			Residence			Office	
5. Email address									
6. Date of birth	D N	M	Y	7. Ag	e a	as at applyin	g dat	e Years	
8. Gender (√)	Male			Female		8 441	10015		
9. NIC number				10. N	ati	ionality			
11. Educational qualifications (Please attach copies of educational certificates)									
1	ex No.						ear:	,	
Subject	Grade			Subject			Grade		
11.2 Other educational qualifications									
School/Institute/Universit	Course/Program		Year completed		Results obtained				
У	studied								
11.3 Details on educational	institute	if a	student	(Please	2 21	ttach a letter	of st	udentshin)	
School /University /Other	Course/1					udying in		ected year of	
Sensor, emiterally remer		9108	514111	Tour	500		-	pletion	
								•	
12. Any other relevant qualifications									
12. This other recovant quantications									
10 D - 11									
13. Details on present employment if any (Please attach a service certificate)									

Name	of Institute	Designation	Designation			Experience (no of years in this position)			
	14. Previous or current experience on the subject matters of the course applied (Please give details)								
15. Have you currently or previously got registered for any course offered by the Faculty of Agriculture ($$)									
15.1 If	"Yes" please give d	etails							
Course	2	Year registered	Status						
				npleted/Incomp	lete/ Ong	oing			
				mpleted/Incomp					
16. W	hich medium of	instruction	Sin	hala	English				
do yo	do you prefer for this course? ($$)								
17. Any specific reason for attending this course									
18. Any other relevant information that you wish to inform									
Declaration by the applicant:									
			nishe	d by me are true	and accu	rate to the			
	I do hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge. In the event of my application for registration is accepted, I shall								
abide by the rules and regulations governing external candidates of the Rajarata University									
of Sri	Lanka.								
Date:	Date: Signature:								
For of	fice use only								
01.	Recommendation	1. Selection Commit	ttee	Recommended not	Sign	natures			
		a)		recommended					
		b)		•••••					
		c)		•••••		•••••			

		2. Academic Coordinator	Recommended/ not recommended	Signature
02.	Payment details	Amount (Rs.)	Date paid	Reference/ receipt no.
	Course fee			