Office Use Only	
Application No.	**District**
AG/SI/2024/	

Application Closing Date : 10.04.2025

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 SCIENCE HONOURS IN AGRICULTURE DEGREE PROGRAMME
FACULTY OF AGRICULTURE
RAJARATA UNIVERSITY OF SRI LANKA

PERSONAL INFORMATION

01. Title : Please tick (√) :

Mr.		Ms.		Other (Please specify)	

02. Name with initials :

Example

P	E	R	E	R	A		P		W		J		K										

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				

(Please enclose a certified photocopy of the Birth Certificate)

b. Age (as at 31.03.2025) :

07. Sex :

Male		Female		please tick (√)

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)

Year :

Stream of Study	

Index No :

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

"Z" Score							

Old Syllabus		New Syllabus	

Please tick (√)

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 :

Grade

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

Year of passed out

Medium

Institution

Duration of the Course

Grade

10. Work Experience

a) Present Post

b) Date of Appointment

c) Type of Post

Permanent

Temporary

Casual

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

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)