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

Course applied for:								Refer	rence no:			
								Office use only				
Pleas	e fill following	details i	in blo	ck let	ters							
1.	Name with init	tials										
	(Rev./Mr./Mrs	./Ms./O	ther)									
2.	Full name											
3.	Postal address											
4.	Contact telepho	one nun	nber	Mob	ile		I	Residence			Office	
5.	Email address				1 _							
6.	Date of birth	D	M	Y	7.	Age	e as	at applying d	late		Years	
8.	( )	Male						Female				
9.	NIC number						10.	Nationalit	-			
11.	Educational qualifications (Please attach copies of educational certificates)							tes)				
11.1	G.C.E.(O/L)											
	Subject		Grade				Subject			Grade		
11.2	Other educatio											
	School/Institute/University			Course/Program studies			Year completed		d	Results		
									obtained			
11.3	Details on educational institute if a student (attach a copy of your student identity								nt identity			
	card if a studer									1		
	School /University /Other		Course/program						Expected year			
								in		0	of completion	

## Rajarata University of Sri Lanka

13. Details on present employment if any (attach a copy of your university identity card if staff of Rajarata University of Sri Lanka)  Name of Institute  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 (√)  16. If "Yes" please give details  Course  Year Status registered  Completed/Incomplete/ ongoing  Completed/Incomplete/ ongoing  Completed/Incomplete/ ongoing  English  16. Which medium of instruction do you prefer for this course? (√)  17. Any specific reason for attending this course  Declaration by the applicant:	12.	Any other relevant qualifications							
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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 being accepted, I		•		-	_	_	•		
shall abide by the rules and regulations governing external candidates of Rajarata			is gove	rning exte	ernal candidat	es of Rajar	ata		
University of Sri Lanka		ersity of Sri Lanka	-	C:- ·					
Date: Signature:	Date:			Signatur	e:				

## Rajarata University of Sri Lanka

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An application processing fee of Rs. 500.00 should be paid to the following account when applying to the short course.

Bank name: People's Bank

Course fee

Account number: 008-1-001-4-8565998 Name: Rajarata University of Sri Lanka

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