MASTER OF AGRI-ENTERPRISE & TECHNOLOGY MANAGEMENT
FACULTY OF AGRICULTURE & PLANTATION MANAGEMENT
WAYAMBA UNIVERSITY OF SRI LANKA
MAKANDURA, GONAWILA (NWP)

Application for Admission (2nd Intake)

1.	**Name in Full: (Letters will be converted to Block Letters) ***	**Circle the Suffix:** Mr. Ms.
2.	**Name with Initials ***	
3.	**Residential Address ***	
4.	**Mobile No *** **Second Mobile**	
5.	**Telephone (Residence)**	
6.	**Official Address (if Applicable)**	
7.	**Telephone (Office)**	
8.	**E-mail ***	
9.	**NIC Number ***	
10.	**Date of Birth ***	d d m m y y y y

11.	Educational Qualifications (*Attach the Photocopies of Certificates*) *			
	Qualification	**Institution**	**Effective Date**	**Particulars**

12.	Professional Qualifications (*Attach Photocopies of Certificates*)			
	Qualification	**Institution**	**Effective Date**	**Particulars**

13.	Work Experience (*Starting from the Latest*)				
	Organization	**Period of Service (y)**	**Nature of Work**	**Position Held**	**Any Other Particulars**

14.	**How do you intend to pay for this degree**	**Self-funded** **Sponsored**
	(If sponsored, indicate the name of sponsor:)	

15.	**To Which Intake You Would Like To Attend** **(Indicate your preference as 1 and 2 and if there is NO difference indicate 1 to both)**
	Saturday **Sunday**

I certify that the above information is true and accurate. I understand that misrepresentation in this application and/or incomplete applications will cause rejection of it or revoking of acceptance for admission.

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Signature of Applicant   Date

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*Duly completed application along with supporting documents **Mail** to:*

Director (M.AETM), Faculty of Agriculture & Plantation Management
Wayamba University of Sri Lanka, Makandura, Gonawila (NWP), 60170

OR e-Mail to: maetm@wyb.ac.lk *and/or* maetmwusl@gmail.com *with the Subject: Application for Registration – Your First name and Surname"*