*Application No:*

*Office Use*

*Index No.*

**WAYAMBA UNIVERSITY OF SRI LANKA**

**Admission to the**

 **B.Sc.(Agri.) Honours Degree Programme**

**Under Provisions for Special Entry – 2019/2020 Intake**

1. (a) Last Name with Initials (Mr/Ms) : .........................................................................................................
 (b) Names denoted by Initials: ......................................................................................................................

 ……………………………………………………………………………………………………………...

1. Postal Address: ...................................................................................................................................................
 .....................................................................................................................................................
 Telephone No: ...................................................................
2. Date of Birth: ....................................................... Age : ...........................................................................
3. Date & Name of the Diploma Passed:
 Date: ....................................................... Diploma: ............................................................................................

 ……………………………………………………………

 Class (if any) :...................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Grade** | **Subject** | **Grade** |
| 1....................................... | ............................. | 6........................................ | ............................. |
| 2........................................ | ............................. | 7........................................ | ............................. |
| 3........................................ | ............................. | 8........................................ | ............................. |
| 4........................................ | ............................. | 9........................................ | .............................. |
| 5........................................ | ............................. | 10....................................... | ............................. |

1. Details of G.C.E. (O/L) Examination Passed: Year: ......................................................
2. Details of G.C.E. (A/L) Examination Passed: Year:......................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Grade** | **Subject** | **Grade** |
| 1....................................... | ............................. | 3........................................ |  ........................ |
| 2........................................ | ............................. | 4........................................ |  ......................... |

1. Have you sit for the selection examination on any previous occasions: ..............................................
If so, state years:....................................................................

 *(Note: No candidate is permitted to sit the examination more than three attempts)*

1. Particulars of any special claims, qualifications & experience:...................................................................
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2. Employment record (Service in the Permanent cadre in the field of Agriculture after obtaining the
 Diploma)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post** | **Employer** | **Ministry/Organization** | **From** | **To** |
|  |  |  |  |  |

1. Medium of following G.C.E. (A/L) Examination: ..........................................................................
2. Recommendation of the Heads of the Department/Corporation

My Ref. No : ..................................................................

Registrar,

Wayamba University of Sri Lanka

I am forwarding herewith the application of Mr/Ms. :....................................................................................

He/She may be given the facility of following of this course as his/her training will be useful to the Department. The Department will grant him/her necessary leave with full/no-pay for the duration of the four year course if he/she is selected for the above course.

 Date:............................................... ..........................................................

 Signature & Official Seal of the

 Heads of the Department

1. Examination fee of Rs. 500/- should be paid to the credit of No. 137-1001-4-0000165 at the
 People’s Bank, Makandura Branch of Wayamba University. Receipt should be attached.

 I certify that the particulars given are correct to the best of my knowledge.

 Date................................... ...........................................................

 Signature