

EASTERN UNIVERSITY, SRI LANKA

FACULTY OF AGRICULTURE

APPLICATION FORM FOR MASTER OF SCIENCE IN AGRICULTURE - 2017/2018

Section-A- Personal information:

01. Course :

02. Full Name :

03. Name with initial/s :

04. Date of Birth : 05. Age:

06. Civil Status : 07. Sex:

08. a) Permanent Address

b) Telephone number

Mobile:	Office:
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Residence:

c) Fax Number

d) E-mail Address

09. Whether Citizen of Sri Lanka :

10. N.I.C Number :

Section-B- Educational Record :

11. Senior Secondary:

Name of School	From	To

12. University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	To	Subject /Field Of Study	Degree /Diploma	Grades/Class

13 Professional Qualifications:

Section-C- Academic Distinctions:

Institution	Year	Award

Section-D- Research, Publications, Communications Etc:

List under:

- (a) Publication in research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

(Please annex separate sheets)

Section -E- Language Proficiency:

Language	Highest Examination Passed	Other Qualifications

Section -F-Employment Record:

F-01. Present Employment:

Institution/Department	Post	Salary per Month	With effect from

F-02. Previous Employment:

Institution/Department	Post (with grade)	From	To	Salary per month

Section -G-Extra Curricular Activities:

Section –H- Other Relevant Particulars:

Section-I- Declaration by the Applicant :

- 01. I certify that the above information furnished are true and accurate.
- 02. I am aware that in the event of any information being found to be false, my registration may be cancelled.

I hereby agree to abide by all rules and regulations applicable to external student of the University. I also agree that in the event of violation of any regulation on my part, the University may if necessary cancel my registration.

Date:.....

.....
Signature of Applicant

Section-J – To be completed by Present Employer (if any):

This is to certify that Mr./ Mrs./ Miss is employed as with effect from and he/she could / could not be released if he/she is selected.

Recommended and forwarded.

Name :

Designation :

Date :

Signature of Employer