

EASTERN UNIVERSITY, SRI LANKA
FACULTY OF AGRICULTURE
APPLICATION FOR REGISTRATION FOR BACHELOR OF SCIENCE HONOURS IN
AGRICULTURE DEGREE UNDER SPECIAL PROVISIONS 2022/2023

SECTION-1- PERSONAL INFORMATION

01 Title Rev/Mr/Mrs/Miss

02 Surname

03 Other names

04 Full name

05 Name with initials

06 Date of birth

07 Age

08 Race

09 Religion

10 Civil status

11 Sex

12 Permanent address

13 Telephone number

Home:	Mobile:
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14 E-mail

15 N.I.C. number 16 Citizenship

17 Occupation

18 Address of the place of work

19 Date of appointment 20 Working Experience years

SECTION-2- EDUCATIONAL RECORD

Institute	From	To	Subject/ Field of Study	Degree/Diploma	SLQF Level

G.C.E. Advanced Level

Year Z-Score Index Number

Subject	Grade
Biology	
Botany	
Zoology	
Agriculture	

Subject	Grade
Chemistry	
Physics	
Geography	
Economics	

G.C.E. Ordinary Level

Year

Index Number

Subject	Grade

Subject	Grade

SECTION-3- LANGUAGE PROFICIENCY

Language	Highest Examination Passed	Other Qualifications

SECTION-4- EMPLOYMENT RECORD

Institution/ Department	Post	From	To	Salary per annum

SECTION-5- DOCUMENTS TO BE ATTACHED

Draw a cross (X) in the relevant cage to indicate that the particular document is enclosed.

- | | | |
|----|--|--------------------------|
| 1 | Six copies of 4X5 cm size colour photograph of the applicant. | <input type="checkbox"/> |
| 2 | Photocopy of birth certificate certified by justice of peace or Head of the Department | <input type="checkbox"/> |
| 3 | Photocopy of Affidavit/ Certificate of Samanera/Marriage Certificate, if there is a difference in the name. | <input type="checkbox"/> |
| 4 | G.C.E. (O/L) Certificate issued by the Department of Examination/ Results sheet issued by the principal of the school and photocopies of the same certified by Justice of Peace or Head of the Department. | <input type="checkbox"/> |
| 5 | G.C.E. (A/L) Certificate issued by the Department of Examination/ Results sheet issued by the principal of the school and photocopies of the same certified by Justice of Peace or Head of the Department. | <input type="checkbox"/> |
| 6 | Letter of cancellation of registration if the applicant is registered for a full-time course in this University or at any other University/Campus/Institute. | <input type="checkbox"/> |
| 7 | Photocopy of Student Record Sheet (School Living Certificate) certified by justice of peace or Head of the Department. | <input type="checkbox"/> |
| 8 | Completed a two-year diploma certificate in Agriculture or Animal Production certified by justice of peace or Head of the Department. | <input type="checkbox"/> |
| 9 | Letter of Five years working experience after passing the diploma in Agriculture or Animal Production in any Government or Private Sector. | <input type="checkbox"/> |
| 10 | Duly endorsed bank voucher for payment of registration and other fees (make payments according to the relevant fees stated in the form annexed). | <input type="checkbox"/> |

SECTION-6- DECLARATION

I..... declare that I shall abide by the status, By Laws, Regulations and Rules of the University of so far as they are applicable to me, pay due respect to the Teachers, Officers and other employees, of the University of and conduct myself in a manner which will in no way be prejudicial to the good name of the University. I am also aware that if I fail to adhere to the terms of the declaration, I will be liable to expelled from the University of..... or for other disciplinary action.

I hereby declare that I agree to accept and conduct myself according to the laws in the “Prohibition of Ragging and other forms of violence in educational institutions Act No. 20 of 1998’. In addition, I shall at all times refrain from encouraging such undesirable activities.

Further, I declare that the particulars given in this application are true and correct to the best of my knowledge. I am aware that the University has the right to cancel my registration if any information given above is found to be incorrect.

Signature of Student

Date

I hereby certify that this applicant, who is known to me personally, has enclosed all information relevant to this registration form correctly and that he/she signed this application in my presence.

Name of the Applicant

National Identity Number card of the applicant

Signature of the applicant

Name of the Head of the Department

Signature of the Head of the Department

Official Stamp of the Head of the Department

Observation/ Recommendation of the Head of the Department

Applicant satisfies/does not satisfy regulations for registration and can be granted scholarships/leave if selected to follow the degree program on full time basis.

Comments:

Signature :

Name :

Department :

OFFICIAL USE

Observation/ Recommendation of the Dean of the Faculty:

Recommended/ Not Recommended:

Comments (If any):

Signature :

Name :

Faculty :