# SABARAGAMUWA UNIVERSITY OF SRI LANKA ADMISSION TO THE B.SC. (AGRICULTURAL SCIENCES AND MANAGEMENT) DEGREE PROGRAMME - ACADEMIC YEAR 2016/2017 UNDER SPECIAL PROVISIONS

Duly completed application forms should be forwarded along with the receipt of Rs. 500/-which paid to Bank of Ceylon (AC No. 0002246976) for competitive examination, under registered cover to reach Senior Assistant Registrar, Academic and Students Affairs, Sabaragamauwa University of Sri Lanka P.O. Box 02, Belihuloya on or before 02<sup>nd</sup> November 2018.

#### **APPLICATION FORM**

<u>Section A</u> - Personal Information:
01. Full Name:
02. Date of Birth:
03. Age:
04. Permanent Address:
05. Postal Address:
06. Contact Numbers:
07. Whether Citizen of Sri Lanka:
08. Religion:
09. N.I.C. Number:
10. Present Employment:
11. Name of Employer:
12 Name of Institution:

### **Section B** - **Educational Record:**

#### 13. G.C.E. (A/L) Examination Results:

Year	Index No.	Subject	Grade

### 14. Diploma:

Year	Institution	Subject	Grade

# $\underline{Section~C} \quad - Professional~and~other~Qualifications~(Give~Details)$

Subject	Institution	From	То

# $\underline{Section\ D}\ - Employment\ Record\ (Give\ Details)$

Project	Nature of Employment	From	То

#### **Section E** – **Declaration by the Applicant:**

- 01. I certify that the above information's furnished by me 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 internal or 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.

Data	
Date:	Signature of Applicant
Section F - To be completed by Present Employe	er (if any)
This is to certify that Mr./Mrs./Miss employed as	with effect from
Sc. (Agricultural Sciences and Management) Degratanka.	
Recommended and forwarded	
Name:	
Designation:	
Date:	
	Signature of Employer