| Office | Use |
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| Index | No. |

Application No:

WAYAMBA UNIVERSITY OF SRI LANKA

Admission to the

B.Sc.(Agri.) Honours Degree Programme Under Provisions for Special Entry – 2023/2024 Intake

| 1. (| a) Last Name with Initials | (Mr/Ms): | | | | | |
|---|--|---------------------|------------------------|-------|--|--|--|
| (| (b) Names denoted by Initi | ials: | | | | | |
| | | | | | | | |
| 2. Pc | ostal Address: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. Da | Telephone No: | | | | | | |
| | ate & Name of the Diploma | | 6- | | | | |
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| 20 | | - | | | | | |
| C1 | ass (if any) : | | | | | | |
| 5. | • | | d: Year: | | | | |
| ٥. | Details of G.C.E. (O/E) | Examination 1 asset | d. 10d1 | ••••• | | | |
| | Subject | Grade | Subject | Grade | | | |
| 1 | | | 6 | | | | |
| 2 | | | 7 | | | | |
| 3 | · | | 8 | | | | |
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| | ······· | | 9 | | | | |
| 5 | | | 10 | | | | |
| | | | | | | | |
| 6. E | Details of G.C.E. (A/L) Example 1 | mination Passed: | Year: | | | | |
| | Subject | Grade | Subject | Grade | | | |
| | 1 | | 3 | | | | |
| | 2 | | 4 | | | | |
| | | | | | | | |
| | • | | ny previous occasions: | | | | |
| | , and the second | o, state years: | | | | | |
| (Note: No candidate is permitted to sit the examination more than three attempts) | | | | | | | |

| 8. | Particulars of any s | special claims, qu | alifications & experience: | | | | | |
|---|--|--------------------|---|------------------------------------|--|--|--|--|
| | | | | | | | | |
| 9. | Employment recording Diploma) | rd (Service in the | Permanent cadre in the field | of Agriculture afte | er obtaining the | | | |
| | Post | Employer | Ministry/Organization | From | То | | | |
| | | | | | | | | |
| 10. Medium of following G.C.E. (A/L) Examination:11. 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 & Office Heads of the | cial Seal of the Department | | | |
| 12. | | · · | d be paid to the credit of No. of Wayamba University. Re | | | | | |
| | I certify that the particulars given are correct to the best of my knowledge. | | | | | | | |
| | | | | | | | | |
| | Date | | | Signature | ······································ | | | |