



UNIVERSITY OF COLOMBO
INSTITUTE FOR AGRO-TECHNOLOGY AND RURAL SCIENCES
EXAMINATION ENTRY FORM – DIPLOMA IN AGRO-TECHNOLOGY

Certificate Course : Food Technology (FT)

Date of Examination : 26th August 2017

Student Registration No:

Index No:
(For office use only)

1. Name in Full (Mr/Mrs/Miss):.....
.....
2. Permanent Address :.....
.....
3. Academic Year : 4. Registration No.
5. Medium (Sinhala/English) :.....
6. Papers offered:-

Subject Code	Title of the paper	Sig. of the Co-ordinator
I.....
II.....
7. Attempt (1st, 2nd etc.) :.....
8. If this is not your 1st attempt, please mention Absentee or Failure in previous:.....
9. Receipt No. of course fee payment :..... 10. Date :.....
11. Telephone Number:.....

I declare that the above statements are true and accurate to the best of my knowledge and belief.

Date.....
.....
(Signature of the student)

FOR OFFICIAL PURPOSE

I certify that the above details given by the candidate are correct and the applicant is eligible (Registration Valid) to sit the Certificate Course on this year.

Date:..... (Course Co-ordinator)

Please hand over this form to the Institute for Agro-Technology and Rural Sciences.
Admission Card could be collected from the Institute for Agro-Technology and Rural Sciences.