



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

Certificate Course : Crop Husbandry (CH)

Date of Examination : 03rd September, 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
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I.....
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II.....
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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:.....

(Head of the Department)

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.