

**University of Colombo, Institute for Agro-Technology and Rural Sciences**

**Application for End – Semester Examination**

**Registration No.**

Name of the Student:

1. Name in Full: .....
2. Name with Initials: .....

Permanent Address :	Present Address :
Telephone No:	Telephone No:

Academic Year: ..... I/II

Semester of the Student: 1 2 3 4 5 6 7 8

SGPA of the last Semester: .....

Latest OGPA: .....

**Second – Semester Course Examinations Appearing in the First Time**

Course Number	Course Title	Number of Credits	Signature of Course Coordinator *
AT1201	Production and Management of Vegetables & Field crops	2	
AT1202	Pest and disease management	2	
AT1203	Management of Farm Animals	3	
AT1204	Farm power and Mechanization	2	
AT1205	Commercial Floriculture	2	
AT1206	Soil and plant nutrient Management	2	
AT1207	Introduction to Food and Nutrition	2	
AT1208	Information Communication Technology	0	

**Optional Course**

Course Number	Course Title	Number of Credits	Signature of Course Coordinator *

Signature of the Applicant : .....

Date: .....

**Accounts Division**

Above named student,

i). has paid the total Semester fee ☐

ii). has arrears of Semester fee ☐

(Due payment: Rs. ....)

Signature of the authorized Officer : .....

Date : .....

**For Office Use Only**

Recommendation of the SAR/AR (or authorized officer):..... Remarks: .....

(Signature)

\*State the reason if not recommended \*\*Course which fulfilled eligibility criteria

\*\*\* 1. Absent with medical, 2.Absent, 3.Failed, 4.Ineligible, 5.Upgrading GPA