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

Application for End – Semester Examination			Registration No.					
Name of the St	udent:							
1. Name	in Full:							
2. Name	with Initials:							
		Т						
Permanent Address:		Present Address :						
Telephone No:	Telephone No:		Telephone No:					
Academic Year	r: I/II	Seme	ster of t	he Stu	dent: 1	2 3 4 5 6 7 8		
SGPA of the la	st Semester:	Latest	t OGPA					
Second – Sem	ester Course Examinations Appear	ing in the l	First Ti	ime				
Course		ing in the	11150 17	Num	ber	Signature of Cours		
Number	Course Title				redits	Coordinator *		
AT2201	Production and Management of	of Export 2			2			
	Agricultural Crops							
AT2202	Protected Agriculture				2 3			
AT2203	Animal Breeding & Stock Mana	Animal Breeding & Stock Management						
AT2204	Farm planning and designing				2			
AT2205	Agricultural extension and communication			2				
	Technology							
AT2206	Aquaculture production technology				2			
AT2207	Plant tissue culture technology				2			
AT2208	Life-Skills Development				0			
Optional Cou	rse							
Course			Number		Signa	ature of Course		
Number	Course Title		Credits	S	Coordinator *			
			_					
Signature of th	e Applicant :	••••	Date:		• • • • • • • •			
Accounts Divi	sion							
Above named								
	d the total Semester fee							
_								
ii). has arr	ears of Semester fee							
(Due p	ayment: Rs.)					
Signature of th	e authorized Officer :							
Date								
Date		•••••	••••					
For Office Use	e Only							
	on of the SAR/AR (or authorized offi	icer):			Remar	ks:		
	`	*	ignature					
*State the reco	on if not recommended **Course whi	•	•	•	toria			

^{*}State the reason if not recommended **Course which fulfilled eligibility criteria

^{*** 1.} Absent with medical, 2. Absent, 3. Failed, 4. Ineligible, 5. Upgrading GPA