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

**Examination Application for the Certificate Courses of**

**Higher Diploma in Agro-Technology**

**(8th Batch-Old Syllabus)**

**Registration No.**

Name of the Student:

1. Name in Full: ……………………………………………………………………………………….
2. Name with Initials: ………………………………………………………………………………….
3. Permanent Address:…………………………………………………………………………………
4. N.I.C.Number :……………………………………………………………………………………...
5. Batch:……………………………………………………………………………………………….,
6. Telephone No:……………………………………………………………………………………….
7. Reference number of the payment made :…………………………………………………………..

(Reference number will be received to your mobile phone as a text when you completed the payment of semester fee via online payment gateway)

**Certificate Courses Examinations Appearing in the First Time**

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Number of Credits** | **Signature of Course Coordinator** |
| Organic Farming (OF) | 08 |  |
| Farm Machinery (FM) | 08 |  |

Signature of the Applicant : …………………………… Date: ………………………….

**Accounts Division**

Above named student,

1. has paid the total Course fee
2. has arrears of Course 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