**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. Batch and Group:……………………………………………………………………………………
4. NIC Number: ……………………………………………………………………………………….
5. Medium: ……………………………………………………………………………………………
6. Permanent Address : ……………………………………………………………………………….
7. Telephone No: ………………………………………………………………………………………
8. Academic Year: …………………………

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

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Number of Credits** | **Signature of Course Coordinator or Head of the Department** |
| Dairy and Animal Sciences (DA) | 08 |  |
| Aquaculture and Fisheries (AF) | 08 |  |

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

**Accounts Division (For Office Use Only)**

Above named student,

1. has paid the total Semester fee
2. has arrears of Semester fee **=** ……………….…….
3. has arrears of hostel and other fee **=** ………………….….

 Total arrears fee **=**

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