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

**Application for Semester Registration**

Registration for **First** year **Second** Semester

**Registration No.**

Name of the Student: Full Time/Part Time……………………

1. Name in Full: ……………………………………………………………………………………….
2. Name with Initials: ………………………………………………………………………………….
3. Permanent Address: ……………………………………………………………………………….
4. Telephone No: ………………………………………………………………………………………
5. 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)

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

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** |
| AT1213 | Production and Management of Vegetables & Field Crops | 3 |
| AT1222 | Pest and Disease Management | 2 |
| AT1233 | Commercial Floriculture and Landscape Horticulture | 3 |
| AT1242 | Soil and Plant Nutrient Management | 2 |
| FT1212 | Ruminant Management | 2 |
| FT1223 | Farm Power and Mechanization | 3 |
| FT1232 | Introduction to Food and Nutrition | 2 |
| CC1210 | Information Communication Technology | 0 |
| CC1220 | English | 0 |

**Optional Course**

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** |
|  |  |  |
|  |  |  |

Signature of the Student: …………………………… Date: …………………………………...

**Accounts Division**

Above named student,

1. has paid the total Semester fee
2. 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)