

Application for Short Course in Biofertilizer Technology

Department of Biological Sciences, Faculty of Applied Sciences, Rajarata University of Sri Lanka

| | | | |
|---|------------------------|---|------------------|
| Course applied for: | | Reference no: | |
| Please fill following details in block letters | | | |
| 1. Name with initials (Rev./Mr./Mrs./Ms./Other) | | | |
| 2. Full name | | | |
| 3. Postal address | | | |
| 4. Contact telephone number | Mobile | Residence | Office |
| | | | |
| 5. Email address | | | |
| 6. Date of birth | D M Y | 7. Age as at applying date | Years |
| 8. Gender (✓) | Male | Female | |
| 9. NIC number | | 10. Nationality | |
| 11. Educational qualifications (Please attach copies of educational certificates) | | | |
| 11.1 Degree qualifications | | | |
| University | Degree/Program studied | Year completed | Results obtained |
| | | | |
| 11.2 G.C.E. Advanced Level Examination | | | |
| School | Year | Results obtained | |
| | | | |
| 12. Any other relevant qualifications | | | |
| | | | |
| 13. Details on present employment if any (Please attach a service certificate) | | | |
| Name of Institute/Company | Designation | Experience (no of years in this position) | |
| | | | |
| 14. Previous or current experience on the subject matters of the course applied (Please give details) | | | |
| | | | |

| | | | | |
|---|-----------------|-------------------------------|------------------------------------|---------------------------|
| 15. Have you currently or previously got registered for any course offered by the Faculty of Applied Sciences (√) | | Yes | No | |
| 15.1 If “Yes” please give details | | | | |
| Course | Year registered | Status | | |
| | | Completed/Incomplete/ Ongoing | | |
| | | Completed/Incomplete/ Ongoing | | |
| 16. Any specific reason for attending this course | | | | |
| 17. Any other relevant information that you wish to inform | | | | |
| <p>Declaration by the applicant: I do hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge. In the event of my application for registration is accepted, I shall abide by the rules and regulations governing external candidates of the Rajarata University of Sri Lanka.</p> | | | | |
| Date: | | Signature: | | |
| For office use only | | | | |
| 01. | Recommendation | 1. Selection Committee | Recommended/ not recommended | Signatures |
| | | a) | | |
| | | b) | | |
| | | c) | | |
| | | 2. Academic Coordinator | Recommended/ not recommended | Signature |
| | | | | |
| 02. | Payment details | Amount (Rs.) | Date paid | Reference/ receipt no. |
| | Course fee | | | |