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Office Use	
Application No.	. :
Date	:

EASTERN UNIVERSITY, SRI LANKA FACULTY OF AGRICULTURE

ADMISSION OF DIPLOMA HOLDERS IN AGRICULTURE TO B.SC. AGRICULTURE DEGREE – 2023/2024 UNDER THE PROVISION FOR SPECIAL ENTRY FOR PUBLIC OFFICERS <u>Application Form</u>

01.	(a) Last Name (Mr/Mrs/N	with Initials Ms)	:		•••••		•••••		•••••	••••••		
	(b) Names den	oted by Initia	ils :				•••••		•••••	••••••		
02.	Occupation		:				•••••		•••••	••••••		
03.	Postal Address	5										
	Home		:						•••••	•••••		
							•••••	• • • • • • • • •	•••••	••••••		
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	Office		:	•••••			•••••	•••••	•••••	••••••		
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04.	Contact No.	Email	:	•••••					••••		••••••	
		Office	:	•••••		N	Mobile	e :				
05.	Date of Birth	:		• • • • • • • • • •		A	Age	:				
06.	Diploma relate	ed to this cour	rse which y	ou hav	e compl	leted (Сору і	attach	herew	ith)		
	Nar	me of the Dip	loma	:	•••••			•••••				
	Yea	r of Completi	ion	:	•••••			•••••				•••••
07.	Details of G.C. <i>(Copy attach her</i>)	E. (A/L) Exai rewith)	mination Pa	assed :	Year	:.		•••••	•••••			
			S	ubject							Grade	!

08. Details of G.C.E. (O/L) Examination Passed (<i>Copy attach herewith</i>)	Year	:
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Subject	Grade	Subject	Grade

09. Employment record (Service in the Permanent cadre in the field of Agriculture after obtaining the Diploma):

Post	Ministry/Organization	From	То

10. I certify that the particulars given are correct to the best of my knowledge.

Date.....

Signature of Applicant

11. Payment receipt for the application fee should be attached herewith.

12. Recommendation of the Head of the Department/Organization :

I am forwarding herewith the application of Mr/ Mrs./ Ms...

.....

He/ She may be given the facility of following of this course as his/her training will be useful to the Department. The Department will grant him/her necessary leave with full/no-pay for the duration of the four-years course if he/she is selected for the above course.

Date

Signature & Official Seal of the

Head of the Department/ Organization