Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



Application Form Certificate Course in Agribusiness Management - 2024

Cours	se Applied For_									
Please fill this form in BLOCK CAPITALS										
4	4 Name With Initials (Pey / Mr / Mrs / Ms /)									
1.	Name With Initials (Rev./ Mr./ Mrs./ Ms./)									
2.	Full Name									
	- an reame									
3.	Postal Address									
4.	Contact Telepl	hone Nos.	Mobile		Residence					
_										
5.	E mail Address	S								
6.	Date of Birth	D M	Y		7. Age as at applyir	ng D M Y				
8.	Gender	Male	Female		9. Nationality					
10.	10. NIC. Number									
11	 . Educational	Qualificat	iono			_				
				se attach a	a certified copy of Certificat	re)				
	Year			Examina	ation No.					
	Subject			Grade	Subject	Grade				
(b) GCF Advar	nced Level	– (Ple	ase attach	a certified copy of A/L Ce	rtificate) if				
(5.	(b.) G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate) if applicable									
-	Subject					Grade				
L										

12. Any Other Qualifications/working experience

13.	Present Employment Details, if applic	able	e (Institution, Des	ignatior	n, Employer etc.)						
14.	. Have you Previously applied to this p	orogi	ramme	Yes	No						
15.	. Are you a student of or have been s University of Sri Lanka?	cted as a studen	nt of the	e Uva Wellassa							
	•			Yes	No						
	If yes, Give Details:										
16.	Are you a student or have registered for any other university of higher										
	education institution?			Yes	No						
	If yes, Give Details:	with	the copies of rel	evant le	etters)						
17.	Are you a currently registered or previously registered student for another course at the Center for Open and Distance Learning of the <i>Uva Wellassa University of Sri Lanka</i>										
				Yes	No						
	If yes, Give Details:										
18.	Any other Relevant information that you wish to inform										
19.	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 being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.										
_	Date Signature										
Г	For Office Use Only										
	Selection Committee Recommendation										
	Recommendation of the	Re	commended	Not Recommended							
	Programme coordinator	Sig	gnature								
	Payments Details										
	Description		Date received		Reference						

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Application Fee	
Course Fee	
Other	

File Reference