

Application

DEPARTMENT OF ANIMAL PRODUCTION AND HEALTH

Sri Lanka School of Animal Husbandry

HIGHER NATIONAL DIPLOMA IN LIVESTOCK PRODUCTION TECHNOLOGY – 2024/2026

Language Medium in which the applicant wishes to sit for the Sinhala Tamil exam
(Mark a cross in the relevant cage)

01. (i) Applicant's name in full (In block letters) :-
e.g. (HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

.....

(ii) Last name with initials (In block letters) :-
e.g. (GUNAWARDHANA H. M. S. K.)

.....

(iii) Name in full (In Sinhala/Tamil) :-

.....

02. Address : (To dispatch the admission card) : - (In block letters)

.....

03. NIC No. :

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04. District :-

05. Divisional Secretary's Division :-

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06. Date of Birth :
Year

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 Month

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 Date

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07. Age as at 26.02.2024 :

08. Telephone No.

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09. Male/Female :-

10. Educational Qualifications :

(i) G. C. E. (O/L) Examination :

10. Educational Qualifications :

(i) *G. C. E. (O/L) Examination :*

<i>Subject</i>	<i>Ordinary/ Credit/ Distinction</i>	<i>Year</i>	<i>Index No.</i>
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

(ii) *G. C. E. (A/L) Examination :*

<i>Subject</i>	<i>Ordinary/ Credit/ Distinction</i>	<i>Year</i>	<i>Index No.</i>
01			
02			
03			
04			

(Copies of the educational certificates should be attached. Applications without the educational certificates will be rejected).

11. Bank receipt No. :-
(Please attach the bank receipt to the application enabling to detach it when necessary)
12. Last school/ Institution attended :
13. Date of leaving from the School/ Institution :
14. Experience in animal husbandry, if any :-
15. Experience in Agriculture, Social services, Rural development/ sports :-
(Copies of the certificates should be attached)
.....
16. Names and addresses of two non – related referees :
1
2

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge, and I am also aware that if any particulars contained herein are found to be false or incorrect, after the selection, my studentship will be terminated and I am liable to pay any expenses to the government that incurred on account of my training.

Date :

.....,

Signature of the applicant.

Note – Copies of the certificates/ documents attached herewith

1

2

Attestation of the signature.

I hereby certify that Mr./Mrs./Ms. is known to me personally and that he/she placed his/her signature in my presence and the applicant has paid the prescribed examination fee and affixed the receipt on the application.

Date :

Attester's name in full :

Designation :

Address :

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Signature of the Attester,
(Place the official stamp)

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