



**FACULTY OF AGRICULTURE**  
**RAJARATA UNIVERSITY OF SRI LANKA**  
**Application for Examination- September / October 2020**

**Repeat & Medical  
Candidates Only**

(For office use only)

Index No:

**Name of the Examination:** B.Sc. Agriculture (Special) Degree

**Medium:** English

**To be filled by the Student:**

01. Name of the Candidate:
  - i. Full Name: .....
  - .....
  - ii. Name with initials: .....
02. Address: .....
03. Registration Number: ..... Index No: .....
04. Date of registration for the degree:..... Mobile No:.....
05. Name of the Examination already completed / sat in the University  
 Year... .Semester....    Year.... Semester....    Year.... Semester....    Year....Semester....  
 Year.... Semester....    Year.... Semester....    Year.... Semester....    Year.... Semester....
06. If you are applying for a Repeat Examination, complete the followings.  
 Fee: Rs..... Date of Payment: ..... Receipt No:.....

S. No.	Repeat/ Medical	Course. Code	Course Title
1.	<i>Medical</i>	<i>EG 1200</i>	<i>English Language</i>
2.	<i>Repeat</i>	<i>AS 1104</i>	<i>Mathematics</i>

© Examination Branch is not responsible for writing incorrect course code or title

**Dept. of Agricultural Engineering & Soil Science**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Dept. of Agricultural Systems**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Dept. of Animal & Food Sciences**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Dept. of the Plant Sciences**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**English Language**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			

**Computer Literacy**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			

**Other**

S.No.	Repeat /Medical	Course Code	Course Title
1.			
2.			
3.			

I do hereby certify that the above particulars given by me are true and correct to the best of my knowledge.

Signature of the Applicant:.....

Date:.....