



**DEPARTMENT OF LIVESTOCK AND AVIAN SCIENCES**  
**FACULTY OF LIVESTOCK, FISHERIES AND NUTRITION**  
**WAYAMBA UNIVERSITY OF SRI LANKA**  
**MAKANDURA, GONAWILA (NWP)**

**Application for Admission to the Advanced Certificate /  
 Diploma/ Higher Diploma in Animal Husbandry**

|  |                         |                      |  |   |              |                    |  |  |             |  |  |
|--|-------------------------|----------------------|--|---|--------------|--------------------|--|--|-------------|--|--|
| <b>1. Name in Full:<br/>Mr./Mrs./Ms.<br/>(USE BLOCK LETTERS)</b>           | .....<br>.....<br>..... |                      |  |   |              |                    |  |  |             |  |  |
| <b>2. Name with Initials</b>   |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>3. Home Address</b>   |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>4. Mobile</b>   | 0                       |                      |  | - |              |                    |  |  |             |  |  |
| <b>5. Telephone (Res.)</b>   | 0                       |                      |  | - |              |                    |  |  |             |  |  |
| <b>6. Official Address<br/>(if Applicable)</b>                             |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>7. Telephone (Res.)</b>   | 0                       |                      |  | - |              |                    |  |  |             |  |  |
| <b>8. E-mail</b>   |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>9. NIC Number</b>   |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>10. Date of Birth</b>   | <b>Date</b>             |                      |  |   | <b>Month</b> |                    |  |  | <b>Year</b> |  |  |
| <b>11. Educational Qualifications (Attach Photocopies of Certificates)</b> |                         |                      |  |   |              |                    |  |  |             |  |  |
| <b>Qualification</b>   | <b>School</b>           | <b>Year obtained</b> |  |   |              | <b>Particulars</b> |  |  |             |  |  |
|  |                         |                      |  |   |              |                    |  |  |             |  |  |
|  |                         |                      |  |   |              |                    |  |  |             |  |  |
|  |                         |                      |  |   |              |                    |  |  |             |  |  |

| 12. Professional Qualifications (Attach Photocopies of Certificates)                      |                   |                |               |                       |
|---|-------------------|----------------|---------------|-----------------------|
| Qualification   | Institution       | Year obtained  | Particulars   |                       |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
| 13. Work Experience   |                   |                |               |                       |
| Organization  | Period of Service | Nature of Work | Position Held | Any Other Particulars |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
|   |                   |                |               |                       |
| 14. How Do You intend to pay for this Course (If sponsored, indicate the name of sponsor) |                   | Self-funded    |               | Sponsored             |
|   |                   |                |               |                       |
| 15. How did you get know about this course (tick all appropriate)                         |                   |                |               |                       |
| Newspaper Advertisement   |                   |                |               |                       |
| Poster / Brochures  |                   |                |               |                       |
| Friend / Neighbor   |                   |                |               |                       |
| University Website  |                   |                |               |                       |
| Letter received to the workplace  |                   |                |               |                       |
| Any other (please indicate)   |                   |                |               |                       |

I certify that the above information is true and accurate. I understand that misrepresentation in this application will cause rejection of it or revoking of acceptance for admission. I am aware that incomplete applications will be rejected.

.....  
Signature of Applicant

.....  
Date

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*Duly filled application with other required documents should be sent through registered post on or before 20<sup>th</sup> June 2024 to reach the Assistant Registrar, Faculty of Livestock, Fisheries & Nutrition, Wayamba University of Sri Lanka, Makandura, Gonawila (NWP).*