

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 exam  
(Mark a cross in the relevant cage)

Sinhala

Tamil

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 :-

.....

06. Date of Birth :

Year

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Month

--	--

Date

--	--

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* :

<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 : .....

.....  
Signature of the Attester,  
(Place the official stamp)