

FACULTY OF AGRICULTURE, UNIVERSITY OF JAFFNA
RENEWAL OF REGISTRATION – 2024/2025

Full Name (BLOCK CAPITAL) Mr/ /Mrs /Miss									
Registration No:									
Index No:									
Batch No:									
Contact Number:									
Email:									
Year of study	1 st YEAR		Kindly mark (✓) in the appropriate box						
	2 nd YEAR								
	3 rd YEAR								
	4 th YEAR								
Fees paid (Please attach receipt)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><i>Registration fee</i></td> <td style="text-align: right;"><i>100.00</i></td> </tr> <tr> <td><i>Medical fee</i></td> <td style="text-align: right;"><i>50.00</i></td> </tr> <tr> <td><i>Total</i></td> <td style="text-align: right;"><i>150.00</i></td> </tr> </table>			<i>Registration fee</i>	<i>100.00</i>	<i>Medical fee</i>	<i>50.00</i>	<i>Total</i>	<i>150.00</i>
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<i>Medical fee</i>	<i>50.00</i>								
<i>Total</i>	<i>150.00</i>								
Date of Payment:									
I declare that the information furnished herein are true and correct to the best of my knowledge. Signature: Date:									