

Department of National Botanic Gardens  
Royal Botanic Gardens- Peradeniya

**Application for Three Month Course in  
Floriculture and Landscape Gardening**

(Completed application form should be sent to Deputy Director, Royal Botanic Gardens, Peradeniya)

1. 1.1 Name with initials: Mr. / Mrs. / Miss. ....  
1.2 Names indicated by the initials: .....  
.....

2. Permanent address: .....  
.....

3. 3.1 Birthday: Year: ....., Month: ....., Date: .....  
(A copy of the Birth Certificate should be annexed)  
3.2 Age: Years: ....., Months: ....., Days: .....

4. Sex: (Place "X" mark on relevant blank cage)

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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5. 5.1 Nationality: .....  
5.2 National Identity Card No: .....

6. Educational Qualifications  
(Copies of the certificates should be annexed for confirmation)

- 6.1 G.C.E. (O/L) Examination- Year: .....

Subjects	Pass	Subjects	Pass
(i) .....	.....	(vi).....	.....
(ii).....	.....	(vii).....	.....
(iii).....	.....	(viii).....	.....
(iv).....	.....	(ix).....	.....
(v).....	.....	(x).....	.....

6.2 G.C.E. (A/L) Examination – Year: .....  
(Copies of the certificates should be annexed for confirmation)

Subjects	Pass	Subjects	Pass
(i) .....	.....	(iii).....	.....
(ii).....	.....	(iv).....	.....

6.3 Professional Qualifications (if any):

.....  
.....  
.....

I hereby certify that the particulars furnished by me above are true and correct. I am aware that I will not be qualified to follow this course if any information furnished by me is found to be incorrect or false.

Date:

Signature of Applicant: