****



**FACULTY OF AGRICULTURE**

**11th International Conference on Dry Zone Agriculture**

**(11th ICDA-2025)**

**16th July 2025, Ariviyal Nagar, Kilinochchi, Sri Lanka**

**Author(s) Consent form- ICDA 2025**

1. **I/We undersigned declare and acknowledge that:**
2. **I/We** have authored/co-authored or supervised the research work entitled

|  |
| --- |
| **Click here to enter text.** |

1. **I/We** agreed to submit the above research work to the 11th International Conference on Dry Zone Agriculture (ICDA) 2025 organized by the Faculty of Agriculture, University of Jaffna
2. The abstract submitted for ICDA- 2025 reports original research carried out by the authors mentioned and has not been published or submitted for publication elsewhere. Further **I/we** understand that the editor’s decision is final on the outcome of the publication.
3. If the manuscript is accepted for an oral presentation, Faculty of agriculture, University of Jaffna has the right to publish in the 11th ICDA proceeding
4. The research remains the intellectual property of the authors, who are entitle to submit it for the publication in other journals or Journal of Dry Zone Agriculture published by Faculty of Agriculture, University of Jaffna
5. **Preferred sub theme(s) for submission:**

|  |  |
| --- | --- |
| 1. | **Click here to enter text.** |
| 2. | **Click here to enter text.** |
| 3. | **Click here to enter text.** |

1. **Names and signatures of authors in the order they appear in the abstract:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Authors Name | Signature | Date |
| 1. | **Click here to enter text.** |  | **Click here to enter a date.** |
| 2. | **Click here to enter text.** |  | **Click here to enter a date.** |
| 3. | **Click here to enter text.** |  | **Click here to enter a date.** |
| 4. | **Click here to enter text.** |  | **Click here to enter a date.** |

Add additional authors by insertion

1. **Contact details of Co-responding author:**

|  |  |
| --- | --- |
| Full Name: | **Click here to enter text.** |
| Official Address: | **Click here to enter text.** |
| Email Address: | **Click here to enter text.** |
| T. Number (Mobile): | **Click here to enter text.** |
| Signature: |  |

**All authors must sign the consent form for the consideration of the research work to ICDA 2025**