

University of Jaffna – Srilanka  
 Application for Endowments, Scholarships,  
 Prizes & Bursary

Name of Scholarship! -

Part - I

1. Full Name:.....
2. Address :
  - i) Permanent:.....
  - ii) Temporary(Present Residence):.....
3. Telephone Number:.....
4. Year of University admission & current academic year:.....
5. Student registration number:.....
6. a) Faculty:.....
- b) Course:.....
7. Sex: Male/Female
8. Date of Birth:     Year..... Month..... Day.....
9. School attended:.....
- .....
10. Monthly expenditure with details.
 

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Part - II

11. Family details:
  - a) Number of unmarried sisters/brothers:.....
  - b) Give the details of school going brothers/sisters:

Name	Date of Birth	School	Year of Study

c) Details of brothers or sisters following courses in University/Campus/Higher Institution  
 Details:

Name	Name of Institution	Academic Year & Reg.No	Course	Financial support

d) Give the details of brothers' or sisters' occupation (If they are supporting you or not):

Name	Age	Relationship	Occupation	Monthly Income	Working Place

e) Parental income Details (If retired write the post occupation):

Name	Age	Relationship	Occupation/ Designation	Annual Income	Working Place

Details, If Father/Mother not living (Death certificate should be attached):

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e) Any other source of income:

Name	Relationship/Organization	Amount

Details of financial assistance receiving from University or any other government organizations [Mahapola/Bursary/AMAF/Unifund/Alumni etc]:

Name of financial assistance	Name of organization	Amount receiving annually

13. Reasons for requesting financial assistance:

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

I certify that the above details given by me are true and correct.

.....  
 Date

.....  
 Signature

Signature of the parent. (If deceased both get the signature from Guardian).

.....  
 Date

.....  
 Parent/Gardian

a) Whether it is needed/not:

Certification of the MSU President

This is to certify that Mr./Mrs./Miss..... is a financial needy student.

.....  
 Date

.....  
 MSU President

b) Recommendation of Senior Treasurer

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Date

.....

Senior Treasurer

c) Certification of the Grama Niladhari

This is to certify that the parental income and other details given by Mr./Mrs./Miss..... is true and correct according to the details available at my office.

.....

Date

.....

Grama Niladhari

Official Rubber Stamp

d) This is to certify that Mr./Mrs./Miss..... has been studying at the Faculty of Medicine, University of Jaffna at present he/she is in 1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup> /4<sup>th</sup> /5<sup>th</sup> year and he/she has done/not done the renewal of registration for this year.

.....

Date

.....

Dean/Assistant Registrar

Official Rubber Stamp

e) Source of Scholarships/Bursaries:.....

Recommended/Not Recommended

.....

Chairman / Scholarships, Fellowships and Staff Development Committee

Please fill this form and submit with the application

**Name of Scholarship:**

Name & Registration No.	Permanent Address	Father's Profession	Mother's Profession	Members of the Family	Total Monthly Income	Rental Pay with meals	Whether recipient of Mahapola/Bursary

