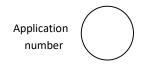


UNIVERSITY OF SRI JAYEWARDENEPURA APPLICATION FOR BURSARY



| | | For official use |
|--|---|--|
| | | Student Registration number |
| Please indicate the inde under which you sought | x No. of the G.C.E. (A / L) Examination E University admission. | |
| • | | Bursary Awarded |
| | course | |
| All avenues of incor the Department of In the annual gross income. | Ints: All questions should be read carefully and answered. The and all details should be provided. Details regarding the income startland Revenue and other relevant officers. Especially in No.s 16, 17, 18 come of the parents and that of the applicant including salary partial documents relating to income from house and property, business licetion. | "a" and "b" of the application, culars, retirement certificates, |
| 2. No cage should be applications that an | left blank or crossed. If no information to be provided, that should be not sent on time or not sent through Grama Niladhari or Divisial Secretary will be rejected. | _ |
| will forward at to Thapplication should be | uld be handed over to the Grama Niladhari of the area to be sent <u>with</u> the Divisional Secretary to be submitted on time after completing the description of the sent by registered post an envelope (9" x 4") with stamps to the appropriate dever to the Grama Niladhari. The certified application ever reason. | etails in cage 20, As the Bursary priate weight should be attached |
| | y understood that the University authorities will impose punish uthorities are convinced that you have provided wrong information | · · |
| | g to Bursaries such as awarding reduction increase or rejection and some appeals will be forwarded to the University Grants Commission and connection. | |
| 1) Full Name | ÷ | |
| | | |
| 2) Name with initial | s : | |
| 2) Permanent Addre | ss: | |
| | | |
| 3) Gender | : | |
| 4) NIC Number | : Telephone No : | |
| 5) State whether you | are a citizen of Sri Lanka or not : | |
| 6) Grama Niladhari | Area: | |
| 7) Provincial Assist | ant Government Division : | |

| Name | | | Date of birth | | ge as at 5.01.01 | Name of Scho | | f School |
|---|---------------------------------|-------------------------------------|---------------|----------|-----------------------|--------------|--|---------------|
| (01) | | | | | | | | |
| (02) | | | | | | | | |
| (03) | | | | | | | | |
| (04) | | | | | | | | |
| (b) Please provide the details of of Aesthetic studies or Insti should be attached to conf any other scholarship is be | tute of Indige irm the regis | nous N tration | Medicine. (| Letter | s obtained | from the | conc | erned unive |
| Name Ro | | Stration Name of the No Institution | | Course | Academ year | ic | Whether in receipt of Bursary / Mahapola or other scholarship | |
| 01) | | | | | | | | |
| 02) | | | | | | | | |
| 03) | | | | | | | | |
| 04) | | | | | | | | |
| 1) If you or your father / mother /u provide details. | unmarried bro | ther / ı | unmarried s | sister / | wife / husl | oand is pa | ying i | income tax pl |
| Name | | | Relationship | | Income tax file No | | Annual estimate income | |
| 01) | | | | | | | | |
|)2) | | | | | | | | |
| 03) | | | | | | | | |
| 04) | | | | | | | | |

9) Distance from your permanent residence (from your home) to the University of Sri Jayewardenepura. (to the nearest

kilo meter) (1 mile = km 1.6) :-km

10) Details of the family:

| Name of owner | | Relationship | location | Kind of plantation | Extent of land | Annual income | | | |
|---------------|--|---------------------|------------------|---|------------------|---------------|---|--|--|
| (0 | (01) | | | | | | | | |
| (0 | 02) | | | | | | | | |
| (0 | 93) | | | | | | | | |
| 4) I | ncome from house : (If married, state the | e income of your | husband / wife | e) | | | | | |
| | Name of owner Relationship | | Assessment No | House holders list No | Address | Annual income | If rental or leased name and address of person rented or leased | | |
| ((| (01) | | | | | | | | |
| ((| 02) | | | | | | | | |
| ((|)3) | | | | | | | | |
| 5) T | This section should be 1. Name and address | e filled only if yo | ou are employed | l. are employe | ed : | | | | |
| | | | | | | | | | |
| | 3. Annual income (The annual gross in details.) If resigned | ncome including | all allowances | from emplo | yment as at 31st | December | · | | |
| 6) Т | _ | | | | | | | | |
| | 2. Name of husbar | nd / wife : | | • | | | | | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | 4. Position hold: | | | | | | | | |

| 17) Parent | ts / Guardians details (The applicants submitting guardians should cage "C" in addition) |
|---------------|--|
| (a) <u>De</u> | etails of Father |
| (1) | Full name :- |
| (2) | Whether living or deceased. :- |
| | (If deceased, death certificate should be attached) |
| (3) | If living age :- Years Months |
| (4) | Father's employment (if deceased employment before death. If retired employment before pension : |
| | (If notived paperion contificate should be attached) |
| (5) | (If retired, pension certificate should be attached.) |
| (5) | Address of place of employment or where employed earlier : |
| (6) | Annual gross income from employment / pension : |
| | (Annual income as at 31st December 2024 should be stated.) |
| | (If employed, a certificate from the head of the institution certifying the annual gross income with all allowance |
| | or if retired a letter from the Director of Pension certifying the annual income/ annual widows and orphans |
| | pension inclusive of all allowances or certificate from the Provincial Secretary / Provincial Assistant |
| | Government Agent should be produced. If a Samurdhi recipient, a certified copy of the Samurdhi card should |
| | be attached) |
| (7) | Annual income from house and property: Rs. |
| (8) | Annual gross income from all other sources: Rs. |
| (9) | Total gross income of the father: Rs. |
| (b) D | etails of Mother |
| | Full name : |
| , | |
| (2) | Whether living or deceased.:- |
| | (If deceased, death certificate should be attached) |
| ` ′ | If living age :- Years |
| (4) | Mother's employment (if deceased employment before death. If retired employment before pension : |
| | |
| | (If retired, pension certificate should be attached.) |
| (5) | Address of place of employment or where employed earlier : |
| (6) | Annual gross income from employment / pension :- |
| | (Annual income as at 31st December 2024 should be stated.) |
| | (If employed, a certificate from the head of the institution certifying the annual gross income with all allowance |
| | or if retired a letter from the Director of Pension certifying the annual income/ annual widows and orphans |
| | pension inclusive of all allowances or certificate from the Provincial Secretary / Provincial Assistant |
| | Government Agent should be produced. If a Samurdhi recipient, a certified copy of the Samurdhi card should |
| | be attached) |

| (7) A | Annual inco | me from | n house | and pro | perty: F | Rs | | | | | | | | |
|---|---|--------------------------------|-------------------------------|-----------------------------------|----------------------------------|---------------------------------|---------------------------------|------------------------------------|---------------------|-----------|-----------|-------------|-------------|---|
| (8) A | annual gros | s incom | e from | all other | source | s: Rs | | | | | | | | |
| (9) T | otal gross a | annual ii | ncome | of the m | other : l | Rs | | | | | | | | |
| (10) | (a) Father | r's moth | er's an | d applica | ant's tot | tal annu | al gross | income | of (18) | (a) and | (b) | | | |
| | Rs | | | | | | | | | | | (ir | ı words) | |
| | (b) If man | ried tota | al annu | al gross | income | of your | family t | otal inc | ome of | cages (| 14, 15, 1 | 16, 17) | | |
| | Rs | | | • | | - | _ | | | | | | ı words) | |
| (c) <u>Deta</u> | ails of guar | <u>rdians</u> | | | | | | | | | | | | |
| Ap | plicants wi | thout pa | arents | or separ | ated fro | om pare | ents and | ordain | ed appl | licants a | and oth | er appli | cants unde | r |
| gua | rdians shou | ıld comp | plete th | is sectio | n. | | | | | | | | | |
| (1) | Name of g | guardian | : | | | | | | | | | | | |
| (2) | Age of gu | ardian | : | | | | | | | | | | | |
| (3) | Permanen | t Addres | ss: | | | | | | | | | | | |
| (4) | If employe | ed positi | on: | | | | | | | | | | | |
| (5) | Annual gr | oss salaı | y : | | | | | (| Annua | l incom | e as at 3 | 31st Dece | ember 202 | 4 |
| | should be | stated. |) | | | | | | | | | | | |
| (6) | Annual in | come fro | om hou | se and p | roperty | and ten | iple proj | perty. | | | | | | |
| | (For this | purpos | se cert | ificate | issued | by the | Grama | Nilad | hari / | Division | nal Sec | retary | / Assistan | t |
| | Divisiona | l Secret | ary sho | ould be | attache | (d) | | | | | | | | |
| I certify that pay / I do not by me are far agree to account If I am selection. | ot pay inco alse that act ept this Bu | me tax. ion can rsary on | I am av be take the cor | ware tha en agains nditions | t if the st me un laid dov | Univers ider clau wn Burs | ity authouse 4 of a ary appl | orities a this appi ication. | re conv lication | inced th | at the in | nformati | ion supplie | d |
| | 191 410 | T | produce | T T | T | T | 1 | T | T | 1 | 1 | | | |
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| at | | | | ī | Dranah | of Door | da'a Da | nle and | a conti | fied ee | ny of 1 | ho nog | a includin | ~ |
| account nu | | | | | | _ | | | | | | | | _ |
| account nu | inder or th | стеорг | c 3 Dai | ik accou | 111 13 40 | tuciica i | icie with | . (It mu | ist be a | 1 copic | 5 Dank | accoun | t number. | , |
| (If any stud | ent does no | ot have a | a saving | g accour | nt prese | ntly at a | ny bran | ch of Pe | eople's | Bank, h | e/she sl | nould op | en a savin | g |
| account at a | - | _ | | | | _ | | | | - | | | | |
| number wit | | | | | | ing acco | ount nu | mber o | f the P | eople's | Bank | account | before th | е |
| Date: | | | | • | | | | | | ature of | | ant | ••• | |
| I certify that | t the above | informa | tion su | bmitted | by the a | applican | t is true | and cor | rect to t | he best | of my k | nowledg | ge. | |
| Date: | | | | | | | | Signa | uture of | Mother | / Father | / Guardi | an | |

19) Instructions to Grama Niladhari / Divisional Secretary / Assistant Divisional Secretary:

- (1) You should examine in detail the position with regard to the information supplied by the applicant in section 14 and 15 of the application regarding his income from house and property. Further the income of the brother and sisters and the annual income of the parents or guardians given under 18 (a), (b) and (c) should be certified. The documents submitted in support of cages 16, 17 should also be checked for accuracy and declaration of the applicant should be certified by you. (An annual detailed salary report/ if the parents are living separately should be attached with a legal document/ Police Report with Grama Niladhari Report)
- (2) The certified application should be forwarded to the Divisional Secretary / Assistant Divisional Secretary of your region. Application should not be handed over to the applicant under any circumstances.
- (3) Divisional Secretary / Assistant Divisional Secretary will certify Grama Niladhari's signature and past it under registered cover to reach the following address within two weeks for this purpose applicant will hand over 9"x4" envelop with stamps to the Grama Niladhari.

Deputy Registrar Student Welfare Division University of Sri Jayewardenepura Gangodawila, Nugegoda.

| 20) Name of Grama Niladhari : | . Official contact number : |
|--|---|
| Grama Niladhari No. and Region: | |
| Annual gross income of Parents / Guardian stated under 18 under cage 14, 15, 16, 17 is rupees: | |
| and the details of property, income of the brothers and sist | ters declaration of the applicant were compared with the |
| documents submitted and according to my knowledge and | belief they are certified correct. |
| Date : | Signature and official seal of Grama Niladhari |
| 21) Name of the Divisional Secretary / Assistant Divisional Sec | cretary: |
| Official contact number: | |
| Division: | Post office: |
| I certify the signature of the Grama niladhari | |
| Date : | |
| | Signature and Official seal of the Divisional Secretary/ Assistant Divisional Secretary |
| Delete whichever is | s inapplicable. |
| For Senior Student only | |
| 1. Registration No: | Faculty: |
| 2. Course followed: | |
| 3. Academic year of admission to university: | |

Conditions applicable for the award of Bursaries

(1) Your internal studentship is liable to be cancelled if any vital information is with held from the application or

proved to be false or inaccurate.

(2) If there is any change in the family income, marital status or change of income from employment it should be

brought to the notice of the Registrar of the University immediately.

(3) The Bursary could be paid during the period you are engaged in academic activities. If for any reason you are

temporarily keep away from engaging in academic activities or leave before termination of the course, it should

be brought to the notice of the Registrar of the University in writing.

(4) Payment could be temporarily suspended or fully suspended for any one or more of the following reasons.

(a) Your complete failure in any examination. If however you are referred in your first examination and

registered for the second year the Bursary can be paid.

(b) Any reason unacceptable to the Vice chancellor for not setting an examination on the first available

opportunity.

(c) Not continuing your academic work satisfactorily.

(d) Misconduct.

(e) Any reason deemed to be sufficient as decided by the Vice chancellor.

(5) When payment of Bursaries is temporarily suspended or fully suspended restoration of payment could be made

at the discretion of the University authorities.

(6) Students qualifying for receipt of Bursaries will be paid a maximum of 10 installments for an academic year.

Not more than 10 installments will be paid without the approval of the University Grant Commission.

(7) Bursary will not be paid to those in receipt of Mahapola Scholarships.

University of Sri Jayewardenepura

Gangodawila

Nugegoda.

2024.11.18