

UNIVERSITY OF JAFFNA

Dr.P.Thillainathan Memorial Fund

Full Name:							
Title:		Rev. / Sis. / Mr. / Mrs. / Ms. / Miss. (Please delete the inappropriate one)					
Contact Details:							
Permanent:							
Temporary:							
Mobile No:		Email id:					
NIC No:		District:					
GS division:		DS division:					
Course Details:							
Course of Study:		Faculty / Department / Unit:					
Registration No:		Academic Year:					
Year of Study:		1 st year / 2 nd year / 3 rd year / 4 th year / 5 th year (Please delete the inappropriate one)					
Are you accommodated in the University hostel:		Yes <input type="checkbox"/>		No <input type="checkbox"/> (Please tick the appropriate one)			
Are you physically impaired		Applicable <input type="checkbox"/>		Not Applicable <input type="checkbox"/>			
Are you married <input type="checkbox"/>		Single <input type="checkbox"/>		If you are married, is your spouse employed <input type="checkbox"/> unemployed <input type="checkbox"/>			
		If your spouse works, the total annual income of your spouse:					
Family Details:							
Is your father Alive <input type="checkbox"/>			Deceased <input type="checkbox"/>		Is your mother Alive <input type="checkbox"/>		
					Deceased <input type="checkbox"/>		
<i>If Father Alive</i>			<i>If Mother Alive</i>				
Is he Physically impaired		Applicable <input type="checkbox"/>		Is she Physically impaired		Applicable <input type="checkbox"/>	
		Not Applicable <input type="checkbox"/>				Not Applicable <input type="checkbox"/>	
Occupation:			Occupation:				
Annual income:			Annual income:				
Siblings Details:							
Number of Siblings	Schooling	Higher Studies		No. of employed		No. of unemployed	
	<input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>	
Total Annual income from the Single employed siblings: (Please attach the supporting certified document)							
Annual family income:		Please tick (✓) the appropriate range below: (Please attach the supporting certified documents)					
Below Rs. 50,000 <input type="checkbox"/>		Rs 50,000 to Rs 100,000 <input type="checkbox"/>	Rs 100,000 to Rs 300,000 <input type="checkbox"/>	Rs 300,000 to Rs 600,000 <input type="checkbox"/>	Above 600,000 <input type="checkbox"/>		
Is your family a Samurdhi beneficiary family:			Yes <input type="checkbox"/> (Please attach the supporting certified document)			No <input type="checkbox"/>	
Expected Monthly Non-Academic Expenditures		Please tick (✓) the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)					
Below Rs. 8,000 <input type="checkbox"/>		Rs 8,000 to Rs 15,000 <input type="checkbox"/>	Rs 15,000 to Rs 25,000 <input type="checkbox"/>	More than Rs 25,000 <input type="checkbox"/>			
Are you received any financial assistance / scholarships from the University (Please tick the appropriate one)							
Mahapola <input type="checkbox"/>		Bursary <input type="checkbox"/>		Any other scholarships/Financial assistance <input type="checkbox"/>			
		Name of the scholarships/Financial assistance:			Amount per annum:		
			

Any other scholarships/ Financial Assistance other than the University		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes	Name of the scholarships/Financial assistance:		Amount per annum:
Reasons for requesting scholarships/Financial assistance:			
I certify that all of the above information furnished are true and accurate to best of my knowledge. Further, if the information furnished are found to be false, I hereby agree that my scholarship will be prematurely cancelled.			
Signature of the student: Date	
Certification of the Grama Niladhari and Divisional Secretary			
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.			
Name of the Grama Niladhari: Date	
Signature and Official Seal of the Grama Niladhari: Date	
Name of the Divisional Secretary: Date	
Signature and Official Seal of the Divisional Secretary: Date	
Recommended / Not Recommended for Financial Assistance			
Justification:.....			
.....	 Date	
Student Counselor			
Recommended / Not Recommended for Financial Assistance			
.....	 Date	
Dean			
Recommended / Not Recommended for Financial Assistance			
.....	 Date	
Director / Students' Welfare			
For Office Use			
The above Student has / has not been selected for the Fund/Financial Assistance			
.....	 Date	
Senior Assistant Registrar / Welfare Services			

Final year Students are not entertained to apply for this Financial Assistance.