

UNIVERSITY OF JAFFNA

The Bursary from the Alumni of the 1985/86 Batch

Full Name:				
Title:	Rev. / Sis. / Mr. / Miss. / Mrs. (Please circle the appropriate 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 is employed, the gross annual income of your spouse:			
Family Details:				
Is your father Alive <input type="checkbox"/>	Not Alive <input type="checkbox"/>	Is your mother Alive <input type="checkbox"/>	Not Alive <input type="checkbox"/>	
If Father Alive		If Mother Alive		
Is he Physically impaired	Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Is she Physically impaired	Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Occupation:		Occupation:		
Annual income:		Annual income:		
Siblings Details:				
Number of Siblings <input type="checkbox"/> <input type="checkbox"/>	Schooling <input type="checkbox"/>	Higher Studies <input type="checkbox"/>	No. of employed <input type="checkbox"/>	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"/>	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 <input type="checkbox"/> Rs 100,000 <input type="checkbox"/>	Rs 100,000 to <input type="checkbox"/> Rs 300,000 <input type="checkbox"/>	Rs 300,000 to <input type="checkbox"/> Rs 500,000 <input type="checkbox"/>	Above 500,000 <input type="checkbox"/>
Do your family have Samurdhi or Aswesuma:		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 receiving 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:
Are you getting any other 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 the information provided above is true and accurate to the best of my knowledge. I understand that if any information is found to be false, my scholarship may be prematurely cancelled.
- I submitted a clear copy of my Bank Pass Book (Bank of Ceylon or People's Bank), certified by my Faculty AR/SAR/DR.
- I acknowledge that providing my bank details does not mean I have been selected for the financial assistance.

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:

Signature and Official Seal of the Grama Niladhari: Date

Name of the Divisional Secretary:

Signature and Official Seal of the Divisional Secretary: Date

Recommended / Not Recommended for Financial Assistance

Justification:

.....
.....

Student Counselor Date

Recommended / Not Recommended for Financial Assistance

.....
Dean Date

Recommended / Not Recommended for Financial Assistance

.....
Director / Students' Welfare Date

For Office Use
The above Student has / has not been selected for the Financial Assistance

.....
Senior Assistant Registrar / Welfare Services Date

NOTE : Please note that providing your bank details does not mean you have been selected for the Financial Assistance; It is collected only to ensure a smooth process after selection.