

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 <sup>st</sup> year / 2 <sup>nd</sup> year / 3 <sup>rd</sup> year / 4 <sup>th</sup> year / 5 <sup>th</sup> 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"/>		Schooling <input type="checkbox"/>	Higher Studies		No. of employed		No. of unemployed		
			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 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: .....		

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- 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 \_\_\_\_\_

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

The above Student has / has not been selected for the \_\_\_\_\_ Financial Assistance

Senior Assistant Registrar / Welfare Services

**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.**