

UNIVERSITY OF JAFFNA

Appiah Sritharan Memorial Bursary Fund

Full Name:								
Title:		Rev. / Sis. / Mr. / Miss. / Mrs. (Please circl+e the appropriate one)						
<b>Contact Details:</b>								
Permanent:								
Temporary:								
Mobile No:				Email id:				
NIC No:				District:				
GS division:				DS division:				
<b>Course Details:</b>								
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: .....						
<b>Family Details:</b>								
Is your father Alive <input type="checkbox"/> Not Alive <input type="checkbox"/>				Is your mother Alive <input type="checkbox"/> Not Alive <input type="checkbox"/>				
<i>If Father Alive</i>				<i>If Mother Alive</i>				
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:				
<b>Siblings Details:</b>								
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 <b>University</b> (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 <b>other than the University</b>					Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes	Name of the scholarships/Financial assistance: .....						Amount per annum: .....	

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- 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.

Signature and Official Seal of the Grama Niladhari: \_\_\_\_\_ Date \_\_\_\_\_

Signature and Official Seal of the Divisional Secretary: \_\_\_\_\_ Date \_\_\_\_\_

Justification:.....

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**Student Counselor**

.....  
Date

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Dean

.....  
Date

**Director / Students' Welfare**

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Date

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

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**Senior Assistant Registrar / Welfare Services**

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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.**