

## UNIVERSITY OF JAFFNA

## Appiah Sirtharan Memorial Bursary Fund

Full Name:				
Title:	Rev. / Sis. / Mr. / Miss. / Mrs. (Please circle 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"/>	
<b>If Father Alive</b>		<b>If Mother Alive</b>		
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"/> <input type="checkbox"/>	Schooling	Higher Studies	No. of employed	
	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: .....		
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:

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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

#### **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.**