Seenithamby Yoganathan Memorial Fund

Closing Date: 31.08.2021

University of Jaffna- Sri Lanka

Application for Endowment & Bursary

Part - I

1.	Full Name:							
2.	Address :							
	a) Permanent:							
	b) Temporary:							
3.	Contact Details:	Contact Details:						
	a) Mobile No:							
	b) E- Mail Id:							
4.	Year of University adn	nission & current acad	lemic year:					
5.	Student registration nu	mber:						
6.	a) Faculty:							
	b) Course:							
7.	Sex: Male/Female							
8.	Date of Birth: Year Month Day							
9.	School attended:							
		Part-I	I					
10.	Family details:							
	a) Number of unmarried							
sisters/brothers:								
	b) Give the details of se							
	Name	Date of Birth	School	Year of study				

c) Details of brothers or sisters following courses in University/Campus/higher				

c) Details of brothers or sisters following courses in University/Campus/higher Institution Details:

Name	Name of Institution	Academic Year & Reg.No	Course

d) Give the details of brothers' or sisters' occupation:

Nome	A 000	Relationship	Occupation	Annual	Working
Name	Age			Income	Place

e) Parental income Details:

Name	Age	Relationship	Occupation	Annual	Working
				Income	Place

	Name		Age	Relationsl	nip	Resident Country
11.	Details of financial as Organizations:	ssistants 1	receiving fron	university or a	any othe	er government
	Name of financial a	ssistant	Name of o	organization	Amou	int receiving annually
12.	Details , if Father/Mo	other not	living:			
	(Death certificate sho	ould be at	tached)			
					• • • • • • • • •	
12	D		.1			
13.	Reasons for requestir	ig iinanci	al assistance:			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		
					· · · · · · · · · · · · · · · · · · ·	
	I certify that the above	e details	given by me a	are true and cor	rect.	
					• • • • • •	
	Date					Signature

f) Details of sisters/brothers who are in abroad:

Part-III

a)	This is to certify that Mr./Mrs./Mis	isis
	obtaining/not obtaining Mahapola	/ Bursary
	Date	Assistant Registrar/Welfare Services
	Official Rubber Stamp	
b)	This is to certify that Mr./Mrs./Mis	38
	has been studying at the faculty of	
	in 1^{st} / 2^{nd} / 3^{rd} / 4^{th} / 5^{th} year and he	e/she has done/not done the renewal of registration
	for this year.	
	Date	Dean / Assistant Registrar
	Official Rubber Stamp	
c)	Certification of the Grama Niladha	ri
	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.	
	Date	Grama Niladhari
	Official Rubber Stamp	