Name of the Fund:	
Closing date: 27.09.2023	

## University of Jaffna- Sri Lanka

## **Application for Endowment & Bursary**

## Part - I

1.	Full Name:					
2.	Address :					
	a) Permanent:					
	b) Temporary:	•••				
3.	Contact Details:					
	a) Mobile No:					
	b) E- Mail Id:					
4.	Year of University admission & current academic year:					
5.	Student registration number:					
6.	a) Faculty:					
	b) Course:					
	o) Course	•••				
7.	Sex: Male/Female					
	Date of Birth: Year Month Day					
9.	School attended:					
	Part-II					
10.	. Family details:					
	a) Number of unmarried					
	sisters/brothers:					
	b) Give the details of school going brothers/sisters:					
	Name Date of Birth School Year of study					
		_				
		-				

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

Institution Details:

Name	Name of Institution	Academic Year & Reg.No	Course

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

Nama	Name Age Relationship	Occupation	Annual	Working	
Name		Kelationship	Occupation	Income	Place

e) Parental income Details:

Name	Age	Relationship	Occupation	Annual	Working
				Income	Place

	Name		Age	Relations	hip	Resident Country
11.	Details of financial as	sistants	receiving from	n University or	any oth	er government
	Organizations:					
	Name of financial as (Mahapola/Bursary/		Name of o	organization	Amou	ant receiving annually
12	Details, if Father/Mo	ther not	livino ·			
12.	(Death certificate sho		•			
				• • • • • • • • • • • • • • • • • • • •		
13.	Reasons for requestin	g financ	ial assistance:			
		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	
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			••••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
	I certify that the above	e details	given by me	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./M	lissis
	obtaining/not obtaining Mahapol	a / Bursary
	_	
	Date	Assistant Registrar/Welfare Services
	Official Rubber Stamp	
b)	This is to certify that Mr./Mrs./N	liss
,	·	of At present he/she is
		he/she has done/not done the renewal of registration
	for this year.	
	Date	Dean / Assistant Registrar
	Official Rubber Stamp	
c)	Certification of the Grama Nilad	hari
	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	