Closing Date:24.12.2025

UNIVERSITY OF JAFFNA

Application for Meenakshi Elaiathampy Scholarship

Full Name:								
Title:	Rev. / Si	s. / Mr. / Mi	ss. / Mrs.	(Pleas	se circl+e the	appropriate one)		
Contact Details:								
Permanent:								
Temporary:								
Mobile No:			Eı	nail i	id:			
NIC No:			D	istric	:t:			
GS division:	DS				division:			
Course Details:								
Course of Study:	Fac			aculty	culty / Department / Unit:			
Registration No:	Aca			cader	ademic Year:			
Year of Study:	1st year / 2nd year / 3rd year / 4th year / 5th year (Please delete the inappropriate one)						appropriate one)	
Are you accommodated in the University hostel: Yes No (Please tick the appropriate one)								
Are you physically impaired Applicable Not Applicable								
Are you married Sin	gle	If you are n	narried, is	you	r spouse ei	mployed 🔲 1	ınemp	ployed
Are you married Sin		If your spo	use is em _l	oloye	ed, the gros	s annual incom	e of y	our spouse:
Family Details:								
Is your father Alive Not Alive				Is	Is your mother Alive Not Alive			
If Father Alive					If Mother Alive			
Is he Physically impaired Applicable			\exists	Is	Is she Physically impaired Applicable			
Occupation: Not Applicable Occupation: Not Applicable							Applicable	
Annual income:					Annual income:			
Siblings Details: Number of Schooling Higher Studies No. of employed No. of unemplo							No. of unemployed	
Siblings Siblings	Married	Ť		Mar	ried	Single	Mari	
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								
	Rs 50,00	Í	Rs 100,0	00 to	Rs	300,000 to	_	Above 500 000
Below Rs. 50,000	Rs 100,0		Rs 300,0			500,000	J	Above 500,000
Do your family have Samu	ırdhi or A	swesuma:	Yes	<u></u> (P	lease attach	the supporting c	ertified	d document) No
Expected Monthly Non-Academic Expenditures Please tick () the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)								
Below Rs. 8,000							ore than Rs 25,000	
Are you receiving any financial assistance / scholarships from the University (Please tick the appropriate one)								
Any other scholarships/Financial assistance								
Mahapola Bursai	Name of		the scholars		hips/Financial assistance:			Amount per annum:
Are you getting any other Financial Assistance other than the University Yes No								No
Name of the scholarships /Financial assistance:							Amount per annum:	
If yes Traine of the scholarshipsyl manetal assistance.								

Reasons for requesting scholarships/Financial assistance:						
 I certify that all the information provided above is true and accurate to the best of my kn 	owledge. I understand					
that if any information is found to be false, my scholarship may be prematurely cancel	led.					
 I submitted a clear copy of my Bank Pass Book (Bank of Ceylon or People's Bank), c 	ertified by my Faculty					
AR/SAR/DR.						
 I acknowledge that providing my bank details does not mean I have been selected for the 	ne financial assistance.					
Signature of the student:	Data					
	Date					
Contigues of the Common Nile Heart and District and and						
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 Course Wiledle or						
Name of the Grama Niladhari:						
Signature and Official Seal of the Grama Niladhari:	Date					
	Dute					
Name of the Divisional Secretary:						
Signature and Official Seal of the Divisional Secretary:	Date					
Degenerated / Net Degenerated for Financial Assistance						
Recommended / Not Recommended for Financial Assistance						
Justifcation:						
Student Counselor	Date					
Statent doubselor	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 theFinancial Assistance						
Senior Assistant Registrar / Welfare Services	Date					
- ·						