

# UNIVERSITY OF JAFFNA

## Application for getting Financial Assistance from the Government of India

Full Name:							
Title:		Rev. / Sis. / Mr. / Mrs. / Ms. / Miss. (Please delete the inappropriate 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 works, the total annual income of your spouse: .....					
<b>Family Details:</b>							
Is your father Alive <input type="checkbox"/>		Deceased <input type="checkbox"/>		Is your mother Alive <input type="checkbox"/>		Deceased <input type="checkbox"/>	
<i>If Father Alive</i>				<i>If Mother Alive</i>			
Is he Physically impaired		Applicable <input type="checkbox"/>		Is she Physically impaired		Applicable <input type="checkbox"/>	
		Not Applicable <input type="checkbox"/>				Not Applicable <input type="checkbox"/>	
Occupation:				Occupation:			
Annual income:				Annual income:			
<b>Siblings Details:</b>							
Number of Siblings	Schooling	Higher Studies		No. of employed		No. of unemployed	
	<input type="checkbox"/>	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 600,000 <input type="checkbox"/>	
						Above 600,000 <input type="checkbox"/>	
Is your family a Samurdhi beneficiary family:		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 received 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:	
				.....		.....	

**Final Year Students are not entertained to apply for this Financial Assistance**

Any other scholarships/ 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: .....
Academic performance		G. C. E. (A/L) Z- Score <input type="text"/>	GPA <input type="text"/>
Any Awrds or Prizes received during your undergraduate period: (Please attach the supporting certified document)		..... ..... .....	
Reasons for requesting scholarships/Financial assistance: ..... ..... .....			
I certify that all of the above information furnished are true and accurate to best of my knowledge. Further, if the information furnished are found to be false, I hereby agree that my scholarship will be prematurely cancelled.			
Signature of the student: .....		Date .....	
<b>Certification of the Grama Niladhari and Divisional Secretary</b>			
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: .....		Date .....	
Signature and Official Seal of the Grama Niladhari: .....		Date .....	
Name of the Divisional Secretary: .....		Date .....	
Signature and Official Seal of the Divisional Secretary: .....		Date .....	
Recommended / Not Recommended for Financial Assistance ..... .....			
.....		Date .....	
<b>Student Counselor / Head / Dean</b>		<b>Date</b>	
Recommended / Not Recommended for Financial Assistance ..... .....			
.....		Date .....	
<b>Director / Students' Welfare</b>		<b>Date</b>	
<b>For Office Use</b>			
The above Student has / has not been selected for the .....Fund/Financial Assistance			
.....		Date .....	
<b>Assistant Registrar / Welfare Services</b>		<b>Date</b>	

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