

**Application for Studentship / Scholarship**  
**Faculty of Medicine, University of Peradeniya**

Studentship/Scholarship Name: 1.....  
 2.....  
 3.....

**Details of Applicant:**

Name : .....  
 Student Registration Number : .....  
 NIC Number : .....  
 Address - Permanent : .....  
                     - Present : .....

Telephone - Mobile : ..... Land line : .....  
 Residence : .....

E-mail Address : .....

Year of Study : 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>

Advanced Level - Z-score : ..... Attempt : 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

Results of MBBS : .....

If any Expenses : Boarding/Hostel Food  
                                   : Books Travel  
                                   : Other Clothes

**Family Details:**

Father : Living:..... Not Living:..... Name:.....  
           Occupation:..... Age:..... Health:.....

Mother: Living:..... Not Living:..... Name:.....  
           Occupation:..... Age:..... Health:.....

Total Income of Parents : .....

Siblings : ..... Sisters:.....  
           : Brothers:.....  
           : Studying (Number)  
           : Married (Number)

**Assistance received so far**

1. Mahapola	Eligible	Not Eligible	Receiving
2. Other help -	No	Yes	Amount:
3. Other Studentship/Scholarship	No	Yes	Amount:
4. Are you willing to accept private sponsorship	Yes	No	

Briefly state why you need assistant-

.....  
 .....  
 .....

I declare the information provided above true.

.....  
 Signature