

**AWARD OF GAMINI PANABOKKE MEMORIAL SCHOLARSHIP**

**(2017/2018 Batch)**

Applications are hereby invited from eligible 3<sup>rd</sup> year Medical students, to select a suitable candidate to receive the above scholarship and should conform to the following conditions:-

- 01.The Scholarship shall be awarded to the best qualified candidate who had completed the Second Examination for Medical Degrees and have registered for the first year of their clinical courses.
- 02.The student shall be a Kandyan Sinhalese, but in making the presentation the University should not take into consideration the question of religion or caste.
- 03.The question whether a student is a Kandyan Sinhalese shall be decided by the Vice-Chancellor after consulting the very Rev. Mahanayake Thero of Malwatte the nominee of the donor and such other person he may think fit.
- 04.The combined income of the student's parents should not exceed Rs. 36,000/- per year.
- 05.The value of the Scholarship shall be Rs. 5,000/- per annum, tenable for three years only.

**PLEASE NOTE**

- (a) The prescribed application forms could be obtained from the Assistant Registrar/Faculty of Medicine, University of Peradeniya, Peradeniya.
- (b) The duly completed application forms should be forwarded to the Assistant Registrar/Faculty of Medicine on or before 8<sup>th</sup> January 2021.



Assistant Registrar/Faculty of Medicine

14<sup>th</sup> December 2020.



UNIVERSITY OF PERADENIYA

Application for endowed scholarships, Studentships and Bursaries

Name of scholarship : .....

Registration No. : ..... Faculty: .....

Name of the Applicant: .....

Date of birth : ..... Place of birth : .....

Civil Status : .....

Address: .....

Address during last five years: .....

School attended : .....

Last School attended : .....

(A certificate from the Principal of the last school should be attached to the application)

Subjects offered for the first year course in the University:

Father's Name : .....

Father's Occupation : .....

Mother's Name : .....

Mother's Occupation (if employed only): .....

Number in family : .....

Number of employed brothers and sisters : .....

Income of Father (a) Annual Salary ..... (all inclusive)

(b) Annual income from business  
-other investments and properties .....

Income of Mother (a) Annual Salary ..... (all inclusive)

(b) Annual income from business-  
-other investments and properties .....

Name of (1) Province: ..... (2) District: .....  
(3) Korale: ..... (4) Pattuwa: .....  
(5) D.R.O. /A.G.A. Division : .....

Whether you were in receipt of a Government Scholarship: .....

Date: .....

Signature

.....  
This section to be completed by the Gramasevaka Officer of your residential area.

Name of Gramasevaka Officer: .....

Number & Division of Gramasevaka Officer: .....

I certify that the information given by the applicant in this application is correct.

.....  
Date

.....  
Signature & Gramasevaka Officer

.....  
Registrar,  
University of Peradeniya,  
Peradeniya.

I certify that the report of the Gramasevaka Officer is correct.

.....  
Date

.....  
Assistant Government Agent/ Divisional  
Revenue Officer.

\_\_\_\_\_  
Official Seal  
\_\_\_\_\_

Name and Address: .....

.....  
PLEASE NOTE: This application should be certified by the Gramasevaka Officer of your residential area and signed by the Assistant Government Agent/Divisional Revenue Officer.