

AWARD OF GAMINI PANABOKKE MEMORIAL SCHOLARSHIP

Applications are hereby invited from eligible 3rd 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.

The duly completed application forms should be forwarded to the Office of the Assistant Registrar/Faculty of Medicine on or before 18th December 2013.

S. M. Z. Th.
04.12.13

Assistant Registrar
Faculty of Medicine
University of Peradeniya
Peradeniya.

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.