

**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 :...../month  
 Siblings :Bothers:..... Sisters:.....  
           :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 are true.

.....  
 Signature