

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

(Please note the information provided by you will be kept confidentially)

Details of Applicant :

Name (Mr./Ms.) :-

Student Registration Number :-

NIC Number :-

Address – Permanent :-

Present :-

Telephone :- Mobile Land Line Residence

E-mail address :-

Year of Study :- 1st, 2nd, 3rd, 4th, 5th,/.....

Advanced Level –Z-score :- Attempt : 1st, 2nd, 3rd

Results of the exams up to date:- :

Are you in the university hostel or private boarding?

Details of the Family

	<i>Living</i>	<i>Not Living</i>	<i>Name</i>	<i>Occupation</i>	<i>Age</i>	<i>Health</i>	<i>Monthly income</i>
<i>Father</i>
<i>Mother</i>

Other Income (monthly) :-...../Month

Siblings

Brothers/Sisters	Studying(grade)	Married	Employed/not employed/Higher Education

If siblings are employed details of employment

If your family supported by Samurdhi :- Yes/No

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 other
than university scholarship | | Yes | No |

Briefly state why you need assistance

.....
.....

I declare the information provided above are true.

Signature

Date :

Please note

The Information provided by you will be kept confidentially. Hence we request you to provide us your true details. This will enable us to provide our limited support to very needy students. In the event of changing your circumstance, eg. Termination of support from funds etc., refill a new form and handover to the Dean’s Office to update your details.

Office use only

Interview Panel Sig.
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Marks :-.....

Recommendation :-
.....

Suggested scholarship:-.....
.....
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