## University of Jaffna-Sri Lanka Faculty of Science Application for Professor Balan Selliah Memorial Bursary

## Part-I

1.Full Name:				
2. Address:				
I) Permanent:				
II) Temporary:				
3. Year of University admission & current academic year:				
4. Student Registration Number:				
5 a) Course:				
b) Subject Combination:				
6. Sex: Male/Female				
7. Date of Birth: Year Month Day				
8. School attended:				
Part -II				
9. Family details:				
a) Number of unemployed Sisters/Brothers:				
b) Give the details of school going Brothers/Sisters:				

Name	Date of Birth	School	Year of Study

	Nam	e of Institution	Academic Ye Reg.No			Course
ve the details of br	rothers' or siste	ers' occupation:		An	nnual	Working
Name	Age	Relationship	Occupation		come	Place
		·	•			
						Working Place
rental income Deta	Age	Relationship	Occupation		nual ome	_
		Relationship	Occupation		nual ome	_
		Relationship	Occupation			
	Age		Occupation			_
Name	Age		Occupation	Inco	ome	_
Name	Age	n abroad:		Inco	ome	Place
Name	Age	n abroad:		Inco	ome	Place
Name	Age	n abroad:		Inco	ome	Place
Name	Age	n abroad:		Inco	ome	Place

c) Details of brothers or sisters following courses in University/Campus/Higher Institution Details:

11. Details, if Father/Mother not living:	
(Death certificate should be attached)	
12. Reasons for Requesting financial assistance:	
I certify that the above details given by me are true an	
recruity that the above actums given by the are true an	d correct.
Date	Signature

## Part-III

a.	This is to certify that Mr./Mrs./Miss obtaining / not Mahapola / Bursary						is	
	Date	Ass	Assistant Regist			strar/Welfare Services		
	Official Rubber Stamp							
	b) This is to certify that Mr./Mrs./Miss							
	has been studying at the faculty of				at present he/she is			
	in $1^{st}/2^{nd}/3^{rd}/4^{th}/5^{th}$ year and he/she	e has done/not dor	ne the re	newal c	of registra	ation fo	r this	
	year.							
	Date			Dean	/ Assista	nt Regis	trar	
	Official Rubber stamp							
	c) Certification of the Grama Niladhari							
	This is to certify that the par	ental income	and	other	details	given	by	
	Mr./Mrs./Miss	Is true	and corr	ect acco	ording to	the det	ails	
	Available at my office.							
	Date				Grama I	Niladhai	ri	
	Official Rubber Stamp							