

University of Jaffna-Sri Lanka
Faculty of Science
Application for Professor Balan Selliah Memorial Bursary
Level 2 and 3, Physical Science

(*The students pursuing an undergraduate degree in **Statistics** as a main subject at the University of Jaffna shall be selected on the basis of monetary need. In case if no such student is qualified, then a student pursuing an undergraduate degree offering **Pure mathematics** with the monetary need shall be considered for this award.)

Part-I

1. Full Name:

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2. Address:

I) Permanent:

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II) Temporary:

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3. Contact Number:

4. Email address:

5. Year of University admission & Current academic year:

6. Student Registration Number:

7. a) Level of Study: Level 2G ☐ Level 3G ☐ Level 3M ☐

b) Subject Combination:

8. Sex: Male/Female

9. Date of Birth: Year..... Month..... Day

10. School attended:

.....

Part -II

11. 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 |
|------|---------------|--------|---------------|
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c) Details of brothers or sisters following courses in University/Campus/Higher Institution Details:

| Name | Name of Institution | Academic Year & Reg.No | Course |
|------|---------------------|------------------------|--------|
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d) Give the details of brothers' or sisters' occupation:

| Name | Age | Relationship | Occupation | Annual Income | Working Place |
|------|-----|--------------|------------|---------------|---------------|
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e) Parental income Details:

| Name | Age | Relationship | Occupation | Annual Income | Working Place |
|------|-----|--------------|------------|---------------|---------------|
| | | | | | |
| | | | | | |

f) Details of sisters/brothers who are in abroad:

| Name | Age | Relationship | Resident Country |
|------|-----|--------------|------------------|
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12. Details of financial assistants receiving from University or any other government

Organizations:

| Name of financial assistant | Name of organization | Amount receiving annually |
|-----------------------------|----------------------|---------------------------|
| | | |
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13. Details, if Father/Mother not living:

(Death certificate should be attached)

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14. Reasons for Requesting financial assistance:

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I certify that the above details given by me are true and correct.

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Date

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Signature

Part-III

- a. This is to certify that Mr./Mrs./Miss.....is
obtaining / not Mahapola / Bursary

.....

Date

Official Rubber Stamp

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Assistant Registrar/Welfare Services

- b) This is to certify that Mr./Mrs./Miss.....
has been studying at the faculty of at present he/she is
in 2nd /3rd year and he/she has done/not done the renewal of registration for this
year.

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Date

Official Rubber stamp

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Dean / Assistant Registrar

- c) Certification of the Grama Niladhari

This is to certify that the parental income and other details given by
Mr./Mrs./Miss..... Is true and correct according to the details
Available at my office.

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Date

Official Rubber Stamp

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Grama Niladhari