## **UNIVERSITY OF JAFFNA**

## Application for getting Financial Assistance - Prof.Rajeswary Mageswaran Fund

Full Name:				
Title:	Rev. / Sis. / Mr. / Miss. / M	rs. (Please circl+e the appropriate one)		
Contact Details:				
Permanent:				
Temporary:				
Mobile No:		Email id:		
NIC No:		District:		
GS division:		DS division:		
Course Details:				
Course of Study:		Faculty / Department / Unit:		
Registration No:		Academic Year:		
Year of Study:	1st year / 2nd year / 3rd year	r / 4 <sup>th</sup> year / 5 <sup>th</sup> year <b>(Please delete t</b>	he inappropriate one)	
Are you accommodated in the University hostel: Yes No (Please tick the appropriate one)				
Are you physically impaired Applicable Not Applicable				
If you are married, is your spouse employed unemployed				
Are you married Sin	If your spouse is e	employed, the gross annual income	of your spouse:	
Family Details:	1			
Is your father Alive Not Alive Not Alive Not Alive				
If Father Alive		If Mothe	If Mother Alive	
Is he Physically impaired	Applicable	Is she Physically impaired	Applicable	
10 110 1 119 010 unity 1111 pun ou	Not Applicable		Not Applicable	
Occupation:		Occupation:		
Annual income: Annual income:				
Siblings Details:				
Number of Schooling Siblings		No. of employed	No. of unemployed	
	Married Single		Married Single	
Total Annual income from the Single employed siblings: (Please attach the supporting certified document)				
Annual family income:  Please tick (✓) the appropriate range below: (Please attach the supporting certified documents)				
Below Rs. 50,000	Rs 50,000 to Rs 10	0,000 to Rs 300,000 to	Above 500,000	
Below Rs. 30,000	Rs 100,000 Rs 30	0,000 Rs 500,000 L	J Move soo, oo	
Do your family have Samurdhi or Aswesuma: Yes (Please attach the supporting certified document) No				
Expected Monthly Non-Academic Expenditures  Please tick ( ) the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)				
Below Rs. 8,000 Rs 8,000 to Rs 15,000 Rs 15,000 More than Rs 25,000				
Are you receiving any financial assistance / scholarships from the <b>University</b> (Please tick the appropriate one)				
Any other scholarships/Financial assistance				
Mahapola Bursai	ry Name of the scho	larships/Financial assistance:	Amount per annum:	
Are you getting any other Financial Assistance other than the University Yes			No	
If yes Name of the sci	holarships/Financial assista	nce:	Amount per annum:	

Reasons for requesting scholarships/Financial assistance:				
<ul> <li>I certify that all the information provided above is true and accurate to the best of my kn</li> </ul>	owledge. I understand			
that if any information is found to be false, my scholarship may be prematurely cancel	led.			
<ul> <li>I submitted a clear copy of my Bank Pass Book (Bank of Ceylon or People's Bank), c</li> </ul>	ertified by my Faculty			
AR/SAR/DR.				
<ul> <li>I acknowledge that providing my bank details does not mean I have been selected for the</li> </ul>	ne financial assistance.			
Signature of the student:				
	Date			
Contigues of the Common Nile Heart and District and and				
Certification of the Grama Niladhari and Divisional Secretary				
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.				
Name of the Course Wiledle or				
Name of the Grama Niladhari:				
Signature and Official Seal of the Grama Niladhari:	Date			
	Dute			
Name of the Divisional Secretary:				
Signature and Official Seal of the Divisional Secretary:	Date			
Degenerated / Net Degenerated for Financial Assistance				
Recommended / Not Recommended for Financial Assistance				
Justifcation:				
Student Counselor	Date			
Statent doubselor	Date			
Recommended / Not Recommended for Financial Assistance				
Dean	Date			
Recommended / Not Recommended for Financial Assistance				
Director / Students' Welfare	Date			
For Office Use				
The above Student has / has not been selected for theFinancia	al Assistance			
Senior Assistant Registrar / Welfare Services	Date			
- ·				