**EASTERN UNIVERSITY, SRI LANKA**

**Application for**

**Indian High Commissioner Scholarship - 2022**

1. Name with initials: Rev/Mr/Mrs/Miss:………………..………………………
2. Student Registration No:…………………………………………………………..
3. Full Name:…………………………………………………………………………….

………………………………………………………………………………………….

1. Course of Study:……………………………………………………………………
2. Permanent Address:………………………………………………………………
3. National Identity Card No:…………………………………………………………
4. Contact No:…………………………………………………………………………..
5. Email Address:………………………………………………………………………
6. Grama Niladhari Division:………………………………………………… …….
7. Divisional Secretariat Division:…………………………………………………
8. District:………………………………………………………………………………..
9. Are you getting Mahapola/Bursary Scholarship? (Yes/No)
10. Are you getting any other scholarship? (Yes/No), If “Yes”, mention the details of the Scholarship below

………………………………………………………………………………………….

1. Are you Samurthi beneficiary family? If yes give detail(attached relevant document for office use)

…………………………………………………………………………………………...

**Particulars of Family**

1. Information of brothers and sisters below 19 years of age who are attending school.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name with Initial** | **Date of Birth** | **Age** | **Name of School/Institution being attended** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. Information of sisters and brothers who are following any courses at any University/Institution of Aesthetic Studies/Indigenous Medicine coming under the purview of the University Grants Commission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Name of the University** | **Course of Study** | **Academic Year** | **Whether Mahapola/Bursary receiving or not** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Particulars of Parents**

1. **Particular of Father**
   1. Full Name:……………………………………………………………………
   2. Whether living or not:…………………...…………………………………
   3. Father’s occupation:……………………………………………………….
   4. Address of the place where he is employed:………………………….
   5. Annual income from employment/Pension:…………………………
2. **Particular of Mother**
   1. Full Name:……………………………………………………………………
   2. Whether living or not:…………………...…………………………………
   3. Mother’s occupation:……………………………………………………….
   4. Address of the place where she is employed:…………………………
   5. Annual income from employment/pension:…………………………

**Details of Differently abled person/s in the family**

1. Whether the student is handicapped? (Yes/No)
2. Whether the parent is handicapped? (Yes/No)
3. Whether the parent suffers from chronic disease? (Yes/No)

**Declaration of applicant**

I hereby declare that the particulars furnished above are true and accurate to the best of my knowledge and belief. Further, I am aware that in the event the University authorities detect any information furnished by me to be false and incorrect, I would be liable to be punished.

Date:………………………. .…………………………

Signature of Applicant

**Certification by Dean of the Faculty/DR/SAR/AR**

The above named student is an active student of the faculty and registered in the current academic year.

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Signature of Dean/DR/SAR/AR

Official Frank of t Dean/DR/SAR/AR

