

**FACULTY OF HEALTH CARE SCIENCES GRADUANDS ONLY**

# EASTERN UNIVERSITY, SRI LANKA

# Application for Mylvaganam Sivasuriam Memorial Gold Medal Award

***(If the additional information is available please annex separate sheet, Certified copies of the connected documents should be annexed along with this application)***

**A) Personal information:**

Full Name :…………………………………………………………………….

Postal Address :…………………………………………………………………….

:…………………………………………………………………….

Sex :…………………………………………………………………….

Date of Birth :………………………………… Age:……………………………

Religion :…………………………………………………………………….

Registration number :……………………………………………………………………

Index number :……………………………………………………………………

Contact Telephone No :……………………… Email:…………………………….

**B) Qualifications for the Award (evidence should be attached):**

**a) Academic performance:**

Name of the Degree obtained :…………………………………………………………

**Academic Performance during the entire University career.**

1st Class 2nd Upper 2nd Lower Pass

**b) Awards obtained during the undergraduate career in the University – Awards given by the University and other academic organizations.**

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**c) Involvement in the University Activities :**

 **I. Membership in Faculty Board, EXCO in Student Unions/Societies**

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**II. Representing the University in Sports:**

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**III. Representing the University, Cultural & Other Activities:**

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**d) Social commitment- This should be measured by the active participation and membership in NGOs, GOs and other social and cultural organizations.**

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**e) Ability to articulate- Writing and Oral.**

 [This should be demonstrated through publications]

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**f) Other qualifications /relevant information’s if any:**

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I certify that the above facts given by me are true and accurate to my knowledge please.

**………………… …………………………….**

**Date Signature of the Student**

***Official Use:***

**Recommendation of the Dean/……………………………………………………………**

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**Date:……………… …………………………………………**

 **Dean/Faculty of………………….......**

**Recommendation of the Faculty Board**

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**Recommendation of the Committee appointed by the Senate**……………………….

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**Final Decision of the Senate**…………………………………………………………........

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