

EASTERN UNIVERSITY, SRI LANKA

Application for

**Chinese Ambassador’s Scholarship Program/
Indian High Commissioner Scholarship - 2024**

1. Name with initials: Rev/Mr/Mrs/Miss:.....
2. Student Registration No:.....
3. Full Name:.....
.....
4. Course of Study:.....
5. Permanent Address:.....
6. National Identity Card No:.....
7. Contact No:.....
8. Email Address:.....
9. Grama Niladhari Division:.....
10. Divisional Secretariat Division:.....
11. District:.....
12. Are you getting Mahapola/Bursary Scholarship? (Yes/No)
13. Are you getting any other scholarship? (Yes/No), If “Yes”, mention the details of the Scholarship below
.....
14. 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.			

2. 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

- a. Full Name:.....
- b. Whether living or not:.....
- c. Father’s occupation:.....
- d. Address of the place where he is employed:.....
- e. Annual income from employment/Pension:.....

2. Particular of Mother

- a. Full Name:.....
- b. Whether living or not:.....
- c. Mother’s occupation:.....
- d. Address of the place where she is employed:.....
- e. Annual income from employment/pension:.....

Details of Differently abled person/s in the family

- a. Whether the student is handicapped? (Yes/No)
- b. Whether the parent is handicapped? (Yes/No)
- c. 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:.....

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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 the Dean/DR/SAR/AR