FACULTY OF HEALTH CARE SCIENCES
GRADUANDS ONLY

EASTERN UNIVERSITY, SRI LANKA

Application for Mylvaganam Sivasuriam Memorial Gold Medal Award *2026*

1. *If any additional information is available, please annex as separate document along with this application. All supportive documents should be certified by the Deputy Registrar/ Senior Assistant Registrar/ Assistant Registrar of the faculty.*

2. *Application form should be duly filled by the candidate according to the general and evaluation criteria of the award.*

A) Personal information:

Full Name :……

Postal Address :……

:……

Gender :……

Registration Number: ……

Index number :……

Contacts :Mobile:…… 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 ☐

b) Awards/ Patents obtained during the undergraduate career in the University

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c) Involvement in the University Activities:

I. Membership in University Statutory Bodies

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II. Office Bearers of Student Unions, Societies, and Other Organizations Registered with the University

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III. Representing the University in Sports

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IV. **Representing the University in Cultural and Other Activities**

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d) Social Commitments or Membership in Organizations

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e) Ability to Articulate – Publications

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I hereby declare that the information provided in this application and the accompanying documents are true, complete, and accurate to the best of my knowledge and belief. I understand that any false, misleading, or incomplete information may result in the rejection of my application or withdrawal of the award granted.

I further declare that I had read and understood the rules and criteria governing this award and agree to abide by them.

…… ……..

Date Signature of the applicant

Official Use:

Attestation of the Deputy Registrar/ Senior Assistant Registrar/ Assistant Registrar

Application received on or before the deadline Yes/No

Applicant has not been subjected to any disciplinary action/punishment Yes/No

All supportive documents have been certified Yes/No

Remarks (if any)

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Date Signature of DR/SAR/AR, FHCS

Name:

Recommendations

Recommendation of the Chairman/ Faculty Scrutinizing Committee

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Date Signature of the Chairman

Name:

Recommendation of the Faculty Board/ Faculty of Health-Care Sciences

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Date Dean/Faculty of Health-Care Sciences

Name:

Recommendation of the Committee appointed by the Senate

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Date Chairman/ Senate Appointed Committee

Name: