

UNIVERSITY OF JAFFNA

Seenithamby Yoganathan Memorial Fund

Full Name:									
Title:		Rev. / Sis. / Mr. / Mrs. / Ms. / Miss. (Please delete the inappropriate 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:		1 st year / 2 nd year / 3 rd year / 4 th year / 5 th year (Please delete the inappropriate one)							
Are you accommodated in the University hostel:		Yes <input type="checkbox"/>		No <input type="checkbox"/> (Please tick the appropriate one)					
Are you physically impaired		Applicable <input type="checkbox"/>		Not Applicable <input type="checkbox"/>					
Are you married <input type="checkbox"/> Single <input type="checkbox"/>		If you are married, is your spouse employed <input type="checkbox"/> unemployed <input type="checkbox"/>							
		If your spouse works, the total annual income of your spouse:							
Family Details:									
Is your father Alive <input type="checkbox"/> Deceased <input type="checkbox"/>			Is your mother Alive <input type="checkbox"/> Deceased <input type="checkbox"/>						
<i>If Father Alive</i>			<i>If Mother Alive</i>						
Is he Physically impaired		Applicable <input type="checkbox"/>		Is she Physically impaired					
		Not Applicable <input type="checkbox"/>		Applicable <input type="checkbox"/>					
				Not Applicable <input type="checkbox"/>					
Occupation:			Occupation:						
Annual income:			Annual income:						
Siblings Details:									
Number of Siblings	Schooling	Higher Studies		No. of employed		No. of unemployed			
	<input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>		
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 <input type="checkbox"/>		Rs 50,000 to Rs 100,000 <input type="checkbox"/>		Rs 100,000 to Rs 300,000 <input type="checkbox"/>		Rs 300,000 to Rs 600,000 <input type="checkbox"/>		Above 600,000 <input type="checkbox"/>	
Is your family a Samurdhi beneficiary family:				Yes <input type="checkbox"/> (Please attach the supporting certified document)		No <input type="checkbox"/>			
Expected Monthly Non-Academic Expenditures		Please tick (✓) the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)							
Below Rs. 8,000 <input type="checkbox"/>		Rs 8,000 to Rs 15,000 <input type="checkbox"/>		Rs 15,000 to Rs 25,000 <input type="checkbox"/>		More than Rs 25,000 <input type="checkbox"/>			
Are you received any financial assistance / scholarships from the University (Please tick the appropriate one)									
Mahapola <input type="checkbox"/>		Bursary <input type="checkbox"/>		Any other scholarships/Financial assistance <input type="checkbox"/>					
				Name of the scholarships/Financial assistance:		Amount per annum:			
						

Any other scholarships/ Financial Assistance other than the University		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes	Name of the scholarships/Financial assistance:		Amount per annum:
Reasons for requesting scholarships/Financial assistance:			
I certify that all of the above information furnished are true and accurate to best of my knowledge. Further, if the information furnished are found to be false, I hereby agree that my scholarship will be prematurely cancelled.			
Signature of the student: Date	
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 Grama Niladhari: Date	
Signature and Official Seal of the Grama Niladhari: Date	
Name of the Divisional Secretary: Date	
Signature and Official Seal of the Divisional Secretary: Date	
Recommended / Not Recommended for Financial Assistance			
Justification:.....			
.....	 Date	
Student Counselor			
Recommended / Not Recommended for Financial Assistance			
.....	 Date	
Dean			
Recommended / Not Recommended for Financial Assistance			
.....	 Date	
Director / Students' Welfare			
For Office Use			
The above Student has / has not been selected for the Fund/Financial Assistance			
.....	 Date	
Senior Assistant Registrar / Welfare Services			

Final year Students are not entertained to apply for this Financial Assistance.