## UCSC University of Colombo School of Computing - Sri Lanka APPLICATION FOR STUDENT BURSARY – APPEALS

(Read this application form carefully before completing it)

Write down your Index No. at the	This cage is for
GCE (A/L) examination on which you	office use.
Applied for and obtained University	
Admission in this cage.	
IMPORTANT:	
It is compulsory that the applicant should print (A4 size) this application complete section 1 to 16. Non-completion of this sections will rest application.	1

Course for which applicant has been selected:

Read carefully and complete every question below.

## **Instructions to applicants:**

- i. All sources of income and all details required should be stated. The details of income given by you will be verified from the Department of Inland Revenue and other relevant offices. Documents relating to the details given in cages 12 "A" and "B" of this form regarding annual parental income, about relevant salary particulars, certificates of retirement, death certificates, pensions, houses, property and business income, should be annexed to this form.
- ii. No cage should be left blank or have a line drawn across it. If there is nothing to be stated, it should be mentioned. Applications that are incomplete or are not received on the due date or are not sent through the Gramaseva Niladhari and Divisional Secretary will be rejected.
- This Application should be duly completed with necessary documents annexed and submitted to the Gramaseva Niladhari of the division in order that it may be forwarded to reach this office on or before 27<sup>th</sup> August 2024. It will be forwarded by the Gramaseva Niladhari through the Divisional Secretary before the due date, as described in cage 17. As your application for a bursary will need to be sent under registered post, please submit it to the Gramaseva Niladhari together with a 9"x 4" envelope with stamps affixed to the relevant value. Under no circumstances should you deliver by hand the certified application form.
- iv. It should be clearly understood that if the details given by you in this application form found to be untrue, you will be punishable by law or may be liable to lose your status as an internal student.
- v. It is compulsory to submit the same application details to apply for Bursary Scholarship (Appeals) by using mentioned google form available in the notice (https://forms.gle/AUiAbTj687xjRQwWA) on or before 27th August 2024.
- vi. It should also be specially noted that bursaries will only be approved in the course of the first term of the academic year.

1.	i	Full Name: Mr./ Miss./ Mrs./ Rev. : .			
	ii ·	National Identity Card Number:			
		Registration/ Student Number:			
		Telephone No.:			
		Permanent Address:			
	vi	Division of the Gramaseva Niladhari:			
	vii	Division of the Divisional Secretary:			
	viii	District:			
	]	Write down the distance (to the close Permanent residence (i.e. your home) (1 mile = 1.6 k.m.)			
	X	Student Bank Account No:			
	xi	Bank Name:			
	xii	Branch of the Bank:			
	xiii	Bank Code:			
		N.I.C. No:			
* (	<u>Pleas</u>	e annex copy of the pass book detai	il page)		
2.	-	Details of family:			
		State details of brothers and sisters provide the birth certificates of them.	•	ears old or un	der 19 years. You should be
	No	Name	Date of Birth	Age as at 31.12.2023	Name of School/Institution where education is being received
	1				
	2				

3

4

5

If you have any brothers or sisters who are following courses of studies at any University or 3. Higher Educational Institute, please fill in the details below for each of them.

\* (Please annex a letter obtained from the relevant University/ Higher Educational Institute

certifying that he/she is not receiving Mahapola/ Bursary.)

No	Name	GCE (A/L) Index No.	Name of the Institution of Higher Education at which she/he is studying	Course	Year of Study	*Whether or not receiving Mahapola Scholarship / Higher Education Bursary
1						-
2						
3						
4						
5						

4. If your father/mother/unmarried brother/unmarried sister/is an income tax payer, supply the following details.

No	Name	Relationship	Income Tax File No.
1			
2			
3			
4			

5.	If you have at any earlier Occasion followed a Course or / obtained a certificate from a University
	or other Institute of Higher Education, supply the following details:-

Name of the Institution:

No	Course	Period of Study	Details regarding student loan/ Scholarship Bursary received
1			
2			
3			
4			

6.	If you are now receiving a scholarship or any other funds from the government or local government authorities or other institution or association, state the amount received and other details:

	derived				

No	Name of Owner	Relationship	Location	Nature of Cultivation	Extent of Land Description of Property	Annual Income (Rs.)
1						
2						
3						
4						

## 8. Income derived from Houses:

9.

Name of Owner	Relationship	Assessment No.	Chief House Holder's No.	Address	Annual Income	If rented/ leased names and addresses of tenants

i.	Gramaseva Niladhari's No. of area in which the above houses are situated:
ii	Divisional Secretary's Division:
iii	Name of Local Government Body:
	Fill in this section only if you are employed:
i	Name and address of Institution / Department where you are employed:
ii	Post:
iii	Salary Scale:
iv	Salary:
V	Date of appointment:
	You should annex a letter obtained from the Institute / Department stating that you have resigned from your post or will be granted study leave.

10.		Fill in this section only if you are married					
	i	Date of marriage:	icate)				
	ii	Name of spouse:					
	iii	If spouse is employed name of institution where she/he	e is employed:				
	iv	Post held:					
	v	Present salary: (state the monthly salary inclusive of a	ll allowances)				
11.		Whether you are a Sri Lankan Citizen or not:					
12.		Details of Parents/Guardians: (Applicants presenting gaddition to this.)	guardians should be filled cage 15 in				
(a)	i	Details of Father: Full Name:					
	ii	Whether living or deceased:					
	iii iv	If living, Age: Years: Mont Father's Employment: (If deceased, or retired, state occupation prior to death (If retired, annex certificate of retirement)					
	v	Address of present / previous employment:					
	vi	State the full income derived from employment / Pens (Full annual income as at 31st December 2023 should be					
		(If employed, a letter stating the annual salary inclusive the workplace, should be annexed. If retired, a letter allowances, or the full annual widows' and orphans' puthe Government Agent should be annexed)	r stating the annual pension inclusive of al				
	vii	Annual income derived from houses & properties:	Rs				
	viii	Annual income derived from all other sources:	Rs				
	ix	Father's total annual income:	Rs				
(b)		Details of Mother:					
	i	Full Name:					

	ii	Whether living or deceased:  (If deceased, annex death certificate)		
	iii	If living, Age: Years: Months:		
	iv	Mother's occupation: (If retired, annex certificate or retirement)		
	v	Address of present / previous employment:		
	vi	vi State full annual income derived from employment or pension		
		(If employed, a letter stating the annual salary inclusive of all allowances certified by the Head of the workplace, should be annexed. If retired, a letter stating the annual pension inclusive of all allowances or the full annual widows' and orphans' pension certified by Director of Pensions or the Government Agent should be annexed.)		
	vii	Annual income derived from houses and properties	Rs	
	viii	Annual income derived from all other sources	Rs	
		Mother's total annual income:	Rs	
13.		Father's and mother's total annual income: Total income in cages 12 (a) and 12 (b) Rs.		
		(Write total full annual income of father and mother in words)		
14.		Details of Guardian:		
		This section should be filled by applicants who do not have part the charge of their parents or by other applicants who present g		
	i	Name of Guardian:		
	ii	Permanent address:		
	iii	If employed, post held:		
	iv	Annual salary: (annex details of salary.)		
	v	Annual income derived from houses & properties / property of temple:		
		(A certificate issued by the Gramaseva Niladhari /Assistant Go in this connection.)	vernment Agent should be annexed	
	vi	Age:		
15.		For Senior Students only:		
	i	Student Registration No:		
	ii	Year of admission to the University:		
	iii	Faculty & Course followed:		

16. Declaration by applicant:

	applicants on page 1.		
	Date:	Signature of Applicant	
17.	Instructions to Gramaseva Niladhari and Divisional Secreta	ary:	
from he propert by the applica	ding to conditions prevailing in the applicant's region, the incouses and properties, and the income declared by the application ties stated in cages 07 and 08, should be carefully considered applicant regarding his brothers and sisters, the validity ant in support of information given by him/ her in cages 12 ing the annual parental income, and his / her declaration should be conditioned.	ant in connection with the houses and. The validity of the information given of the documents presented by the 2(a) and 12(b) of the application form	
i	The certified application form should be forwarded to the Divisional Secretary of your division Under no circumstances and for no reason whatsoever should the application form behanded over to the applicant.		
ii	The signature of the Gramaseva Niladhari should be certified by the Divisional Secretary and this application form should be sent under registered cover to reach Senior Assistant Registrar Academic & Publication Division, University of Colombo School of Computing, No. 35, Reic Avenue, Colombo 07 on or before 27 <sup>th</sup> August 2024. A 9"x 4" envelope with stamp affixed to the relevant value should be handed by the applicant to the Gramaseva Niladhari for this purpose.		
18.	Name of the Gramaseva Niladhari :		
	Number and Division of Gramaseva Niladhari :		
	I hereby certify that the annual income of the parents/ guardians stated in cage 12, 13 is Rs		
	and understand they are *accurate/ inaccurate due to the fithe parents of the applicant receive/ do not receive Rs Relief Programme (eg. Samurdhi).  (*Please strike out the inappropriate words)	ollowing reasons. I further certify that	
	Date:	Signature of Gramaseva Niladhari	
	Seal		
Counte	er signed:		

I hereby certify that the information given above is true and accurate to the best of my knowledge, and that I do not pay income tax. I am also aware that if any information is found to be untrue by the University Authorities, action may be taken against me under clause IV of the instructions to

Name of the Divisional Secretary:	
Signature of Divisional Secretary:	
Division:	Post Office:
Date:	
Seal of Divisional Secretary:	

(Please strike off unnecessary words)