

EASTERN UNIVERSITY, SRI LANKA

Application for Chinese Ambassador Fund

1. Name with initials: Rec/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. GramaNiladhari Division:.....
10. Divisional Secretariat Division:.....
11. District:.....
12. Distance from your permanent Residence to the Eastern University,
Sri Lanka:.....
13. Are you getting Mahapola/Bursary Scholarship? (Yes/No)
14. Are you getting any other scholarship? (Yes/No), If “Yes”, mention the
details of the Scholarship below

Particulars of Family

1. Give below the required particulars of brothers, 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.			

- **Attached birth certificates**

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	Reg.No	Name of Higher Educational Institution in which course is being followed	Course of Study	Academic Year	Whether Bursary/Mahapola Received or not

- **A letter obtained from DR/SAR/AR/Student Affairs of the University/Institution certifying that your sister or brother is not in receipt of a Bursary/Mahapola Scholarship should be annexed.**

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:.....
(Annexed last year salary particulars/Pension particulars)

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:.....
(Annexed last year salary particulars/Pension particulars)

Details of Differently abled person/s in the family

Whether the student is handicapped?

Yes....., No.....

Whether the parent is handicapped?

Yes....., No.....

Whether the parent suffers from chronic disease?

Yes....., No.....

If the answer is “Yes”, Please mention detail of it:

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.....
.....

Affected by the Natural Disaster (If your family has been affected by any Natural Disaster recently, mention about it in detail)

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.....
.....

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:.....

.....

Signature of applicant

Certification by GramaNiladhari and Divisional Secretariat

Certification by GramaNiladhari

Name of GramaNiladhari:.....

GramaNiladhari Division and No:.....

I hereby declare that as furnished in this application, the annual income of parents is Rs:..... Having checked all belongings to the applicant, found that the particulars submitted by the applicant are true and accurate to the best of my knowledge.

To my knowledge, the applicant is eligible to receive a scholarship fund for the following reasons.

Date:.....

.....

Signature of GramaNiladhari

Certification by Divisional Secretariat

Name of the Divisional Secretariat:.....

Signature of the Divisional Secretary:.....

Official Frank of the Divisional Secretary:.....

Bank Account Details

Academic Year –

1. Name of the Student:

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2. Student Registration No:

EU	IS			
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3. N.I.C No:

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4. Name of the Faculty:

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5. Name of the Bank:(BOC/PB)

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6. Name of the Branch(Bank):

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7. Bank Account No:

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(Please attached a clear certified copy of the passbook/bank statement)

8. Permanent Address:

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9. Contact No:

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10. Specimen Signature:

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I do hereby certify that the above particulars are true and accurate to the best of my knowledge.

Signature of Student

Date