

EVALUTION SHEET
ALLOWANCE FOR LOW-INCOME STUDENTS WITH DISABILITIES
EASTERN UNIVERSITY, SRI LANKA

Selected/Not-Selected Student Registration No

1. **Name with Initials:** -
2. **Academic Year:** -
3. **Faculty:-**

S.N	Evaluation Criteria	
01	Whether the student is a Citizen of Sri Lanka	Yes / No
02.	Whether student receives the Mahapola or Bursary/ Other Scholarship Mahapola Bursary Other Scholarship	Yes / No
03.	The Special Category of Blind/Differently able candidates.	
04.	Annual Income (Gross salary/Income) 1. Father 2. Mother Annual Income Annual Income Ceiling Concession to be added to the ceiling i. No of school going brothers or sisters ii. No of Sisters or Brothers studying in the Universities / HEIs Maximum Annual Income ceiling	
06.	Payments: - Eligible / Not Eligible	

The following documents are submitted/not submitted (certified Salary Particulars, Income Assessment form, medical report certified by the Government Hospital, certified copies of birth / Married / Death Certificates & etc.)

Prepared by Checked by

SAR/Student Affairs (Recommended / Not Recommended)

Approved / Not approved

.....
Registrar

.....
Bursar

.....
Senior Student Counsellor



EASTERN UNIVERSITY, SRILANKA
APPLICATION FOR ALLOWANCE FOR LOW-INCOME
STUDENTS WITH DISABILITIES

(Read this application form carefully before completing it)

GCE (A/L) Index No.

EU/IS/...../...../.....

Student Registration Number

IMPORTANT:

It is compulsory that the applicant should personally complete this application. Non-completion of any section will result in the rejection on the application.

Course of study for which applicant has been Selected

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Read carefully and complete the application below.

Instructions to applicants:

- i. All the sources of income and all the detail required should be stated clearly. The detail of income given by you will be verified from the Department of Inland Revenue and other relevant offices. Documents related to the details given in the cages 10 “A” and “B” of this form regarding annual parental income, such as 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, this 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.
- iii 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 within **two weeks** from the date of advertisement. It will be forwarded by the Gramaseva Niladhari through the Divisional Secretary on time, as described in cage 14 as your application form to be sent under registered post, please submit it to the Gramaseva Niladhari

together with a 9"x4" size envelope with **Stamp affixed** to it. Under no circumstances should you deliver by hand the certified application form.

- iv It should be clearly understood that if these details given by you in this application form are found to be untrue, you will be punishable by law or may be lose your status as an internal student.

01.Student Detail/s:

Full Name: Mr/Miss/Mrs/Rev:

.....

Permanent Address:

.....

National Identity Card Number:

.....

Contact Number:

.....

E-mail Address:

.....

Division of the Gramaseva Niladhari:

.....

Division of the Divisional Secretary:

.....

District:

.....

02. Differently abled student:

Admitted to the University under (give the detail/s below mention)

- i. Whether the student is a citizen of Sri Lanka?

Yes No

- ii. Admitted to the University/HEI under the special category of Blind/Differently abled candidates.

Yes No

Or

Differently abled student who is admitted to the University/HEI under the normal selection procedure needs to be considered as disabled with valid medical certificate.

Yes No

(Those applied under this criteria should submit government medical certificate for disability.)

03. 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 and other details:

Mahapola: Bursary: Other Scholarship:

If other specify

04. Family Details:

State details of brothers and sisters/brother priest who are 19 years of age or under 19 years. (Birth certificates should be submitted)

Name	Date of Birth	Age as at 1 st January of this year	Name of School/Institution where education is being received

05. If you have any brothers or sisters who are following courses of, studies at any University or other higher Education Institution (HEIs), provide the following details:

Name	GCE(A/L) Index No.	Name of University or HEIs at which she/he is studying	Course of study	Year of Study	Whether or not she/he is receiving (Mahapola Scholarship Higher Education Bursary)

06. Income derived from estates and cultivated land:

Name of the Owner	Relationship	Location	Nature of Cultivation	Extent of land description of property	Annual Income Rs.

07. Income derived from Houses:

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

1. Gramaseva Niladhari's No. of area in which the above houses are situated:

.....

2. Divisional Secretary's Division:

.....

3. Name of Local Government Body:

.....

08. Fill in this section only if you are employed:

Name and address of Institution/Department where you are employed

.....

Post:

Salary Scale:

.....

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.

09. Fill in this section only if you are married:

Date of Marriage:

.....

(Annex marriage certificate)

Name of the spouse:

.....

If spouse is employed, name of the Institution where she/he is employed:

.....

Post held:

.....

Present salary (state the monthly gross salary inclusive of all allowances):

.....

10. Details of Parents/Guardians (Applicants presenting guardians should fill cage 12 in addition to this.)

a) Details of Father:

1. Full Name:

.....

2. Whether living or deceased:

.....

(If deceased, annex death certificate)

3. If living Age: Years: Month:

4. Father's employment:

.....

(If deceased, or retired, state occupation prior to death or retirement)

(If retired, annexed certificate of retirement)

5. Address of present/previous employment:

.....

6. State the gross income derived from employment/Pension Rs:

.....

(Gross annual income as at 31st December of the last year), should be declared)

(If employed, a letter stating the annual Gross 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 Divisional secretary should be annexed.)

1. Annual Income derived from houses & properties: Rs.
2. Annual Income derived from all other sources: Rs.
3. Father's total annual income: Rs.....

b) Details of Mother:

1. Full Name:
.....
2. Whether living or deceased:
.....
(If deceased, annexed death certificate)
3. If living, Age: Years: Months:
4. Mother's employment:
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(If deceased, or retired, state occupation prior to death or retirement)
(If deceased, annexed death certificate)
5. Address of present/previous employment:
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6. State the gross income derived from employment/Pension Rs:

(Gross annual income as at 31st December of the last year, should be declared)
(If employed, a letter stating the annual gross 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 Divisional Secretary should be annexed.)

1. Annual Income derived from houses & properties: Rs.
2. Annual income deserved from all other sources: Rs.
3. Mother's total annual income: Rs.

11. Total annual income of the Father & Mother: Total income in cages 10 (a) and 10 (b)

Rs.....
(Write total gross income of father and mother in words)

12. Details of Guardian:

This section should be filled by applicant who do not have parents or applicants who are not under the custody of their parents or due for any other reason, applicant presenting the guardian.

- 1. Name of Guardian:
.....
- 2. Permanent address:
.....
- 3. Age:
.....
- 4. If employed, post held:
.....
- 5. Annual salary (amount details of salary):
.....
- 6. Annual income derived from houses & properties:
.....

(A certificate issued by the Gramaseva Niladhari/Divisional Secretary should be annexed in this connection)

13. Declaration by applicant:

I hereby certify that the information given above are true and accurate to the best of my knowledge, and that I do not pay income tax. I am aware 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 applicant on page 2.

Date:

.....
Signature of Applicant

14. Instructions to Gramaseva Niladhari and Assistant Government Agent:

1. Accounting to conditions prevailing in the applicant’s region, the income that may normally be expected from houses and properties and the income declared by the applicant in connection with the houses and properties stated in cages 06 and 07, should be carefully considered. The validity of the information given by the applicant and the validity of the documents presented by the applicant in support of information given by him/her in cages 10(a) and 10(b) of the application form regarding the annual income, and in cage 2 the application form regarding differently abled student (blind/differently abled student) his/her declaration should all be certified by you.
2. The certified application form should be forwarded to the Divisional Secretary of your division. Under no circumstances and for no reason whatever should the application form be handed over to the applicant.
3. The signature of the Gramaseva Niladhari should be certify by the Divisional Secretary and this application form should be sent under registered cover to reach: **Senior Assistant Registrar/Student Affairs Department, Eastern University, Sri Lanka, Vantharumoolai, Chenkalady**, within **two weeks** from the date of notification. 9”X4” size envelope with **Stamp affixed** should be submitted by the applicant to the Gramaseva Niladhari for this purpose.

Name of the Gramaseva Niladhari:

.....

Number and Division of Gramaseva Niladhari:

.....

I hereby certify that the annual income of the parents, stated in cage 10 and 11 is Rs. ----- . And that I have compared the documents presented by the applicant with the information given above properly and that to the best of my knowledge and understanding they are accurate.

.....

To my knowledge the applicant is eligible to receive Allowance for Low-income students with Disability/ineligible to receive allowance for Low-income students with Disability due to following reasons:

.....
.....

Date

.....

Signature of Gramaseva Niladhari

Name of the Divisional Secretary:

.....

Signature of the Divisional Secretary:

.....

Division:

Post office:

Date:

Senior Assistant Registrar

Student Affairs Department, EUSL

Student Bank Account Number Details

1	Name of the Student:												
2	Student Registration Number:	EU	IS										
3	National Identity Card Number:												
4	Name of the Faculty:												
5	Name of the Bank (BOC/PB):												
6	Bank Code:												
7	Name of the Branch:												
8	Branch Code:												
9	Bank Account Number:												
[Please annex a true copy of the student's bank document indicating the Account Number, Name & NIC No. (Official use only)]													
10	If eligible for Mahapola/Bursary /Other Scholarship (Please write)												
11	Permanent Address												
12	Student Contact Number:												
13	Specimen Signature of the Student												

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

Signature of the student

Date