

**UNIVERSITY OF JAFFNA – SRI LANKA,  
FACULTY OF ENGINEERING  
APPLICATION FOR STUDENTSHIPS- 2024**

1) Full Name:.....

2) Address: (a) Permanent .....

.....

.....

(b) Temporary ... ..

.....

.....

3) Date of Admission (MM/YYYY): .....4) Year of study: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup>

5) Student Registration No: .....

6) Sex: Male / Female 7) Date of Birth: Year.....Month.....Date .....

8) Phone Number: ..... 10) Email:.....

11) School considered for university admission: .....

**12) Family Details:**

(a) No of unmarried brothers and sisters: .....

(b) Details of brothers and sisters studying in schools or following courses in universities and institutions

Name	Name of School, University or Institute	Year or Grade of study	Reg No & Course of Study

**Note:** If brothers or sisters study in a university or institution, then fill in the last column 'Reg No & Course of Study'.

(c) Details of income of parents & unmarried brothers & sisters.

Income of Parents					
Name	Age	Relationship	Designation	Annual Income	Name of Workplace and Country
Income of unmarried brothers and sisters					

(d) Please provide additional information if the father or mother is disabled, deceased, or separated.....  
 .....

13) Details of any other Funds/ Scholarships/ Grants received from Government Institutions/University.

Name of the Funds/ Scholarships/ Grants	Name of the Organization, providing the Funds/Scholarships/ Grants	The annual amount received from Funds/ Scholarships/ Grants

I certify that the information provided above is accurate and true to the best of my knowledge. I understand that if any information is found to be false or inaccurate, my studentship with the university will be revoked.

.....

Date

.....

Applicant's Signature

14) Authorization of Grama Niladhari:

I certify that the details of the above applicant Mr/Ms. ....  
 regarding his/ her father's/ mother's/ brother's/ sister's income/ particulars are true to my knowledge and belief as compared with official documents.

.....

Date

.....

Name of Grama Niladhari

.....

Signature and  
 Official Seal of Grama Niladhari