



UNIVERSITY OF KELANIYA

Student Enrollment Application - Academic Year 2018/2019

The Covering Letter you should bring for the Enrolment

EN 01

Student No : SE/2018/007
Degree Programme : Bachelor of Science in Software Engineering (Hons.) Degree
Name with Initials : AYILAVAN P.
Address : 260km Post , Jaffna Road(a9), Umaijalpuram,Paranthan , Kilinochchi
Z-score obtained at G.C.E. A/L : 1.1013

University Admission for the Academic Year 2018/2019

I am submitting the following documents arranged according to the order as mentioned.

1. Duly filled enrollment form sent by the University of Kelaniya - **NEE 01**
2. Relevant certified Educational certificates
 - i. Certified Copy of the Birth Certificate
 - ii. Certified Copy of the School Leaving Certificate
 - iii. Certified Copy of the Ordinary Level (O/L) Certificate
 - iv. Certified Copy of the Advanced Level (A/L) Certificate
 - v. Certified Copy of the National Identity Card
3. Students Information Sheet **EN 03 - i**
4. Photographs
5. Declaration Forms **EN 04 and EN 05**
6. Two envelops stamped of 40/- rupees each, mentioning your name and the permanent address
7. Tamil medium birth certificates should be submitted along with its English translation.
Therefore, please attach the English translation of the certificate(Only for the relevant candidates)
8. Copy of the paying voucher

Note :

(Please put a cross mark "X" in front of each document so as to verify that the documents were properly filled and filed in order)

.....
Date

.....
Applicant's Signature



UNIVERSITY OF KELANIYA

Student Enrollment Application - Academic Year 2018/2019

Student Information Sheet

Personal Information			
1. A/L Stream : Physical Science			
2. Selection Window : SOFTWARE ENGINEERING			
3. Degree Programme : Bachelor of Science in Software Engineering (Hons.) Degree			
4. Student No : SE/2018/007	5. A/L Index : 4094905		
6. Z Score : 1.1013	7. A/L District : Kilinochchi		
8. NIC No : 970750436V	9. Gender : Male		
10. Title : Mr	11. Name with Initial : AYILAVAN P.		
12. Full Name : PUSPARASA AYILAVAN			
13. Permanent Address : 260km Post , Jaffna Road(a9), Umaiyalpuram,Paranthan , Kilinochchi			
14. Living District : Kilinochchi	15. Email : ajeelavan1503@gmail.com		
16. Tel No Home : 0766424081	17. Tel No Mobile : 0773265504		18. Age : 23
19. Race : Tamil	20. Religion : Hinduism	21. Date of Birth : 1997-03-15	
	22. Father	23. Mother	24. Guardian
a. Name	K.Pusparasa	P.Lalitharansiny	
b. NIC No	196323901927	677370912v	
c. Occupation	Teacher	Management Assistant	
d. Address	260km Post,, Jaffna Road,Umaiyalpuram, Paranthan	260km Post,, Jaffna Road,Umaiyalpuram, Paranthan	
e. Living District	Kilinochchi	Kilinochchi	
f. Email			
g. Tel - Home			
h. Tel - Mobile	0773265504	0779125863	
i. Tel - Office			
25. Information of the person to be informed in case of an Emergency			
a. Name : K.Pusparasa			
b. Relationship : Father	c. Tel No Home :	d. Tel No Mobile : 0773265504	

පහත සඳහන් ප්‍රකාශය කියවා බලා තේරුම් ගැනීමෙන් පසු අත්සන් කළ යුතුය.

The following declaration must be read and understood before signing.

பின்வரும் உறுதியிறையில் கையெழுத்து இடுவதற்கு முன் வாசித்து விளங்கிக்கொள்வது அவசியம்

പ്രകാശ്യ / DECLARATION / ഉന്നതിയരെ

.....වන මම විශ්වවිද්‍යාලයේ
ව්‍යවස්ථා, අතුරු ව්‍යවස්ථා තියෙන් සහ රීති මා කෙරෙහි අඩුල වනතාක් තිසියාකාරව පිළිපිළින බවද,
..... විශ්වවිද්‍යාලයේ ආචාර්යවරුනට, නිලධාරිනට සහ අනෙකුත් යෝජකයිනට
තිසි පරිදි ගෞරවය දක්වන බවද, විශ්වවිද්‍යාලයේ හොඳ නමව කිසිදු භාතියක් නොවන පරිදි
ගැසීරෙන බව ද මෙයින් ප්‍රකාශ කරමි.

නවද මෙම ප්‍රකාශයේ සඳහන් කොත්තේසි පිළිපැදිමට යම් හෙයින් මා අයමත් වුවහොත් මා විශ්වවිද්‍යාලයන් පහි කිරීමට ගෝ මට විරැදුෂ්ව වෙනත් ආකාරයක විනයනුකූල ස්ථිය මාරුගයක් ගැනීමට ගෝ අවකාශ ඇති බවද මම දෑමි.

නවද, 1998 අංක: 20 දරණ අවශ්‍යපත ආයතනවල නවක වැදු සහ වෙනත් ජේවරුපයේ සහයෝග ක්‍රියා තහනම් කිරීමේ පතනේ ප්‍රාගාරව කටයුතු කරන බවට ද පොරුණුවුවම්. එසේම එවැනි තොමනා ක්‍රියාවන්ට අනුබල දීමෙන් යුතු කළහිම වැළැකීන බවද මෙයෙන් ප්‍රකාශ කරමි.

තවද ඉහා සපයන ලද තොරතුරු මා දැන්නා තරමින් සහා භා නිවරිදි බව සහතික කරමි. එසේම, මියින් සඳහන් කර ඇත් තොරතුරු තිසිවක් හෝ වැරදි බව ඔප්පූ වුවහොත් මාගේ ලියාපදිංචිය අවලංග කිරීමේ අයිතිය විශ්වාසාලය සහ බව නිමි.

I declare that I shall abide by the Statutes, By Laws, Regulations and Rules of the University of so far as they are applicable to me, pay due respect to the Teachers, officers and other employees, of the University of and conduct myself in a manner which will in no way be prejudicial to the good name of the University. I am also aware that if I fail to adhere to the terms of the declaration, I will be liable to expelled from the University of or for other disciplinary action.

I hereby declare that I agree to accept and conduct myself according to the laws in the "Prohibition of Ragging and other forms of violence in Educational institutions Act No. 20 of 1998. In addition, I shall at all times refrain from encouraging such undesirable activities.

Further, I declare that the particulars given in this application are true and correct to the best of my knowledge. I am aware that the University has the right to cancel my registration if any information given above is found to be incorrect.

..... ஆகிய நான்
 பல்கலைக்கழகத்தின் நியதிக்கட்டளைகள், துணைவிதிகள், ஒழுங்குவிதிகள் மற்றும் விதிகள் ஆகியன
 எனக்கு பொருந்துமிடத்து அவற்றுக்கமைய நடந்து கொள்வேன் என்றும்
 பல்கலைக்கழக ஆசிரியர்கள், அதிகாரிகள் மற்றும் பிற ஊழியர்களுக்கு உரிய மரியாதை செலுத்துவேன்
 என்றும் பல்கலைக்கழகத்தின் நற்பெயர் சிதையாது பேணி நடந்து கொள்வேன் எனவும் உறுதி கூறுகிறேன்.
 இவ்வறுதியுரையின் நிபந்தனைகளை கடைப்பிடிக்கத் தவறுவேன் எனின் நான்
 பல்கலைக்கழகத்திலிருந்து நீக்கப்படும் தண்டனைக்கு அல்லது பிற
 ஒழுக்காற்று நடவடிக்கையிற்கு உள்ளாக்கப்படுவேன் என்பதை நான் அறிந்துள்ளேன்.

“கல்வி நிறுவனங்களில் பகிடி வதை மற்றும் வேறு வடிவிலான வன்முறைகளுக்கு தடை” என்ற 1998இன் 20ஆம் இலக்க சட்டத்தின் சர்த்துக்களை ஏற்று நடந்து கொள்ள சம்மதிக்கிறேன் என்பதை இத்தால் பிரகடனப்படுத்துகிறேன். மேலதிகமாக அத்தகைய விரும்பத்தாத செயல்களை ஊக்குவிப்பதிலிருந்து எப்போதும் நான் விலக்கியிருப்பேன்.

மேலும், என் அறிவிற்கமைய இவ்வின்னப்பட்டிவத்தில் தரப்பட்டுள்ள விபரங்கள் உண்மையானவை என்றும் சரியானவையென்றும் நான் உறுதி செய்கிறேன். மேலே தரப்பட்டுள்ள எந்த தகவலும் தவறானது என கண்டுபிடிக்கப்படால் எனது பதிவினை பல்கலைக்கழகம் இரத்து செய்வதற்கான உரிமை கொண்டுள்ளது என்பதை நான் அறிவேன்.

ଶ୍ରୀମଦ୍ଭଗବତ୍/ଶ୍ରୀମଦ୍ଭଗବତ୍ ଏତିହାସିକ

Signature of Student

ചുമതലാട്ട് സ്റ്റീഡന്റ് മാൺവർണ്ണൻ കൈബ്യാപ്പമ്

ଦିନ୍ୟ / Date / ତିକତି

මා හොඳු තදන මෙම අයදුම්කරු / කාරිය මෙම දියාපැවිලි විමේ අයදුම්පත්‍රයේ අදාළ සියලු කරුණු නිවරදීව අනාවරනය කර ඇති බවද ඔහු / ඇය මෙම අයදුම්පත්‍රය මා ඉතුරුපිට අනුසන් කළ බවද මේන් සහිත කරමි.

I hereby certify that this applicant, who is known to me personally, has enclosed all information relevant to this registration form correctly and that he/she signed this application in my presence.

விண்ணப்பதாரி தனிப்பட்ட முறையில் எனக்கு அறிமுகமானவர் என்பதுடன், இங்கு அவர் சரியான முறையில் பதிவு செய்வதற்கான விண்ணப்பத்திற்கு சம்பந்தமான விபரங்களைக் கொடுத்துள்ளார் எனவும், அவர் என்முன்னிலையில் விண்ணப்பத்தில் கையொப்பிட்டுள்ளார் எனவும் உறுதிப்படுத்துகிறேன்.

අපේක්ෂකයාගේ නම:

Name of the Applicant:

விண்ணப்பதாரியின் பெயர்:

අපේක්ෂකයාගේ ජාතික හැඳුනුම්පත් අංකය:

National Identity card of the applicant:

விண்ணப்பதாரியின் தேசிய அடையாள அட்டை இல.

අපේක්ෂකයාගේ අත්සන:

Signature of the applicant:

விண்ணப்பதாரியின் கையொப்பம்:

සාම්බාන විනිශ්චයකරුගේ / අපේක්ෂකයාගේ ප්‍රසල් විද්‍යාභ්‍ය පත්‍රියෙකුගේ නම:

Name of Justice of the Peace / Name of the Principal of the school

சமாதான நீதவானின் பெயர் / விண்ணப்பதாரியின் பாடசாலை அதிபரின் பெயர்

සාම්බන විනිශ්චයකරුගේ / ඇපේක්ෂකයාගේ ප්‍රසලේ විභාළුපතිගේ ඇත්සා:

Signature of Justice of Peace / Signature of the Principal of the school

සාම්බාන විනිශ්චයකරුගේ / අපේක්ෂකයාගේ පාසල් විභාශ්පතිගේ නිල මූල්‍ය:

Official Stamp of Justice of Peace / Official Stamp of the Principal of the school :

சமாதான நீதவளையின் உத்தியோகபூர்வ முத்திரை / விண்ணப்பதாரியின் பாடசாலை அதிபரின் உத்தியோகபூர்வ (முத்திரை:

දිනය:

Date:

திகதி:

සේවාත්‍ය:

Place:

ၧ၁၇



UNIVERSITY OF KELANIYA

Student Enrollment Application - Academic Year 2018/2019

Student Information Sheet

Personal Information			
1. A/L Stream : Physical Science			
2. Selection Window : SOFTWARE ENGINEERING			
3. Degree Programme : Bachelor of Science in Software Engineering (Hons.) Degree			
4. Student No : SE/2018/007	5. A/L Index : 4094905		
6. Z Score : 1.1013	7. A/L District : Kilinochchi		
8. NIC No : 970750436V	9. Gender : Male		
10. Title : Mr	11. Name with Initial : AYILAVAN P.		
12. Full Name : PUSPARASA AYILAVAN			
13. Permanent Address : 260km Post , Jaffna Road(a9), Umajjalpuram,Paranthan , Kilinochchi			
14. Living District : Kilinochchi	15. Email : ajeelavan1503@gmail.com		
16. Tel No Home : 0766424081	17. Tel No Mobile : 0773265504		18. Age : 23
19. Race : Tamil	20. Religion : Hinduism	21. Date of Birth : 1997-03-15	
	22. Father	23. Mother	24. Guardian
a. Name	K.Pusparasa	P.Lalitharansiny	
b. NIC No	196323901927	677370912v	
c. Occupation	Teacher	Management Assistant	
d. Address	260km Post,, Jaffna Road,Umaiyalpuram, Paranthan	260km Post,, Jaffna Road,Umaiyalpuram, Paranthan	
e. Living District	Kilinochchi	Kilinochchi	
f. Email			
g. Tel - Home			
h. Tel - Mobile	0773265504	0779125863	
i. Tel - Office			
25. Information of the person to be informed in case of an Emergency			
a. Name : K.Pusparasa			
b. Relationship : Father	c. Tel No Home :	d. Tel No Mobile : 0773265504	

I certify that the above information is true and correct. ඉහත තොරතුරු සත්‍ය බවත් නිවැරදි බවත් සහතික කරමි.

Applicant's Signature :

Date :



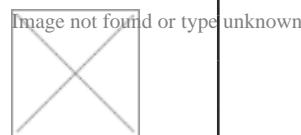
UNIVERSITY OF KELANIYA

<input checked="" type="checkbox"/>	Bursary
<input checked="" type="checkbox"/>	Hostel

Student Enrollment Application - Academic Year 2018/2019

Bursary and Hostal Application

Personal Information			
1. Student No : SE/2018/007	2. NIC No : 970750436V		
3. Full Name : PUSPARASA AYILAVAN			
4. Permanent Address : 260km Post , Jaffna Road(a9), Umajjalpuram,Paranthan , Kilinochchi			
5. Contact No (Mobile / Home) : 0773265504 / 0766424081			
	6. Father	7. Mother	8. Guardian
a. Name	K.Pusparasa	P.Lalitharansiny	
b. Occupation	Teacher	Management Assistant	
c. Contact No	0773265504	0779125863	



Information for Bursary Request

9. Number of school going brothers and sisters below 19 years of age : **1**
- 10 a. Number of brothers and sisters who are studying in a university / Higher education institute : **0**
- b. Whether if the sibling registered earliest among those in '10 a' receives Bursary or Mahapola: **No**

Information for Hostal Request

11. Distance from the residence to the University : **370 km**
12. Suffering from any illness to request residential facility (Copies of medical certificate should be attached) **No**
13. Suffering from any physical weakness to request residential facility (Copies of medical certificate should be attached) **No**

14. Family Income

a. Total annual income of the father : LKR 244800.00	b. Total annual income of the mother : LKR 180000.00
c. Total annual income of the guardian : LKR 0.00	
d. In addition to the above mentioned income, specify whether the applicant has other income : LKR 0.00	
e. If the applicant is married, annual income of the spouse : LKR 0.00	
Total of the Income above mentioned : LKR 424800.00	

මා විසින් ඉහතින් දැඩිපත් කර ඇති තොරතුරු සත්‍ය සහ නිවරදී බව සහතික කරමි. I certify that the above stated information are true and accurate to the best of my knowledge. මෙරුභාණු කොට්ඨාස තරවුකள් අණන්ත්තුම් ඉණ්මෙමයානවේ එන්තුම් සරියානවේ එන්තුම් ප්‍රතිච්ඡල ඉත්තාල් ඉතුතියාකාරීන්ගේන්.

ඡිජාගෝ අත්සන / Signature of the applicant/ මාණවරින් කෙයෙශයාප්පම් :-

දිනය/ Date/තිකති :-

ஞாம நிலதாரி சுற்றிக்கய
Certificate by the Grama Sewa Niladhari
கிராம உத்தியோகத்தரின் உறுதியிடரை

අයදුම්කරු මාගේ වසමේ පදිංචි බවත් ඔහු/ඇය අව්‍යාහක බැවින් අංක 14 a,b,c,d යටතේ දැක්වෙන දෙමාපිය/භාරකරුගේ වාර්ෂික ආදායම / අයදුම්කරු විවාහක බැවින් අංක 14 d,e යටතේ දක්වා ඇති අයදුම්කරුගේ පැවුලේ වාර්ෂික ආදායම රු. (ඉලක්කම්න),

රු..... (අකුරින්) බවත් සහතික කරමි. I certify that the afore mentioned applicant resides in my division and since he/she is unmarried the annual income of the parents/guardian stated under No. 14 a,b,c,d OR he/she is married the annual income of the family stated under

No. 14 d,e is RS (by number) (by letters). விண்ணப்பதாரி எனது அதிகாரத்திற்குட்பட்ட பிரதேசத்தில் பதிவுசெய்யப்பட்டுள்ளவர் என்றும் அவர் திருமணமாகாதவர் என்றும் 14 a,b,c,d ஆகிய இலக்கங்களில் குறிப்பிடப்பட்டுள்ளவாறு பெற்றோர் மற்றும் பாதுகாவலரின் வருடாந்த வருமானம் / விண்ணப்பதாரி திருமணமானவர் என்றும் 14 d,e ஆகிய இலக்கங்களின் கீழ் குறிப்பிடப்பட்டுள்ளவாறு விண்ணப்பதாரியின் குடும்பத்தின் வருடாந்த

வருமானம்.....(இலக்கத்தில்).....
..(எழுத்தில்) என்றும் இத்தால் உறுதிப்படுத்துகிறேன்.

குடும்ப நிலைப் பதிகங்கள் / Date / திகதி :-

Signature of the Grama Sewa Niladhari

கிராம உத்தியோகத்தற் கையொப்பம்

ନିଲ ମ୍ରଦ୍ଗାଳ :-

Official Stamp
உத்தியோகபூர்வ முத்திரை

පාදන්දිය ලේකම්ගේ අත්සන දිනය / Date / තිකති :-

Signature of the Divisional Secretary

പിരുത്തേസ് ചെയലാൻറ് കൈമെയാപ്പമ്

ନିଲ ମୁଦ୍ରାବ :-

Official Stamp
ഉത്തിയോക്കപ്പർവ മുത്തിര

සටහන

గ්‍රාම නිලධාරීන්මා සහ ප්‍රාදේශීය ලේකම්ත්‍රින්මා වෙත,

මෙම අයුරුම්කරුට තේවායිඩික පහසුකම්/ධියාපාධර ලබා දීමට නම්, මෙම අයුරුම්පත සම්මැදු අදාළ ආදාළයේ වෑස්තූව 2020 පෙබරවරි 15 වන දිනට පෙර වියේවිදායාලය වෙත තැපැල් කර එම්මට කාරුණික වන්න.

குறிப்பு

திராம உத்தியோகத்தர் மற்றும் பிரதேச செயலாளர் அவர்களுக்கு,

இலவின்னைப்படுத்தார்கள் விடுதி வசதி அல்லது மாணவர் உதவிப் பண்டத்தைப் பெற்றுக் கொடுப்பதற்கு இலவின்னைப்படுத்திரத்துடன் வின்னைப்படுத்தாரியின் குறிப்பு வருமானம் பற்றிய விவரங்களைப் பூர்த்தி செய்து 2020 ஆம் ஆண்டு பெறவரை 15 ஆம் தித்தியிற்கு முன்னர் பல்கலைக்கழகத்திற்குக் கலைக்கக்கூடிய முறையில் தூராலில் அனுபவி வைக்குமாறு பணிவிடன் கேட்டுக்கொள்கின்றேன்.



කේලනිය විශ්වවිද්‍යාලය, ශ්‍රී ලංකාව
කොළඹ පාල්‍ය කොළඹ කුම්මකම, මුද්‍රණ කොළඹ
UNIVERSITY OF KELANIYA, SRI LANKA



කේලනිය කොළඹ KELANIYA

මගේ අංකය
නොතු ඇල }
My No.

මෙම අංකය
හුමතු ඇල }
Your No.

මෙටෙදු වාර්තාව/Medical Report - MC 01

Medical Officer,

Dear Sir/Madam

MEDICAL EXAMINER'S REPORT

As the Vice-Chancellor of the University of Kelaniya, I have instructed the University Medical Centre to maintain complete medical records in respect of all students during their University career. Since the University Medical Centre does not have the required resources to carry out the medical tests which are required, I am compelled to seek your kind assistance in getting them done particularly in the case of new entrants. Therefore, I would be grateful to you if you could kindly undertake this task and send the attached form duly completed under confidential cover to the following address, on or before 29.02.2020.

University Medical Officer, University of Kelaniya, Kelaniya

Thanking you very much for your cooperation.

Yours sincerely,

Prof. D.M. Semasinghe
Vice-Chancellor

04.11.2019

සු. තු. 2914474	ප්‍රේමකාධිකර 2911569	මූල්‍ය තු. 2911393	කම්මිත 2911391, 2911397
ඡා. ඩී. ඩී. 2911485	පතිචාලන 2908167	තැබ්‍යාලාර 2911393	පොතු 2910164, 2911407
Vice-Chancellor	Registrar	Bursar	General 2913854-8

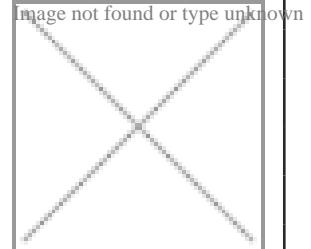


UNIVERSITY OF KELANIYA

Student Enrollment Application - Academic Year 2018/2019

Student Medical Examination Record

Personal Information	
1. A/L Stream : Physical Science	
2. Selection Window : SOFTWARE ENGINEERING	
3. Degree Programme : Bachelor of Science in Software Engineering (Hons.) Degree	
4. Student No : SE/2018/007	5. NIC No : 970750436V
6. Gender : Male	7. Civil Status : Unmarried
8. Date of Birth : 1997-03-15	9. Position in Family : 2
10. Title : Mr	11. Name with Initial : AYILAVAN P.
12. Full Name : PUSPARASA AYILAVAN	
13. Permanent Address : 260km Post , Jaffna Road(a9), Umaijalpuram,Paranthan , Kilinochchi	
14. Living District : Kilinochchi	15. Tel Home : 0766424081
17. Religion : Hinduism	18. Race : Tamil
20. Father's Occupation : Teacher	21. Mother's Occupation : Management Assistant



HEALTH HISTORY FORM

This information is strictly confidential and is for use of University health service and will not be released to anyone without your knowledge and consent. Please post (registered) the completed form directly to the University Chief Medical Officer, University of Kelaniya, Kelaniya before coming to the University. Part I of the form should be completed by the student and Part II should be completed by Government Hospital or MBBS qualified Medical Officer, and it should be signed and stamped. Part II item no. 2 & 3 should be completed only by a Consultant (Eye/Dental) or Medical Officer of Eye Unit and Dental Unit in the Government Hospital and should be signed and stamped. If the University Medical Officer needs to examine a student considering his/her medical form, he/she should report immediately to the University Medical Officer with a short notice.

මෙහි අන්තර්ගත විස්තර ශිජා සෞඛ්‍ය මධ්‍යස්ථානයේ හාවිතය සඳහා පමණක් යොදා ගනු ලැබේ. එහි අන්තර්ගත කරුණු ඔබගේ අවසරය නොමැති ව කිසිවකටත් හෙළි කරනු නො ලැබේ. සම්පූර්ණ කරන ලද මෙම පත්‍රිකාව ඔබ විශ්වව්‍යාලයට පැමිණීමට පෙර විශ්වව්‍යාල ප්‍රධාන වෛද්‍ය නිලධාරී, වෛද්‍ය මධ්‍යස්ථානය, කැලණීය විශ්වව්‍යාලය, කැලණීය යන ලිපිනයට ලියාපදිංචි තැපැලන් එවිය යුතු ය. මෙම පත්‍රිකාවේ I වන කොටස රජයේ රෝහලක දී හෝ එම්.ලී.ලී.එස්. උපාධිය ලත් වෛද්‍යවරයකු විසින් කරන ලද වෛද්‍ය වාර්තාවක් වීම අනිවාර්ය වේ. එසේ ම මෙහි II කොටසහි අංක 2 හා 3 කොටස් අනිවාර්යයෙන් ම විශේෂයෙන් වෛද්‍යවරයකුගෙන් (අක්ෂි/දැන්ත) හෝ රජයේ රෝහලක අදාළ සායනයකින් සම්පූර්ණ කළ යුතු ය. මෙම වෛද්‍ය වාර්තාව සලකා බැලීමේදී යම් ශිජායකු/ශිජාවක ගෙන්වා පරික්ෂා කිරීමට විශ්වව්‍යාල වෛද්‍යවරයාට අවශ්‍ය වුවහොත් ඔහු/ඇය කෙටි දැනුම් දීමකින් මම විශ්වව්‍යාල වෛද්‍යවරයා වෙත වහා ම වාර්තා කළ යුතු ය.

PART I**STUDENT MEDICAL HISTORY**

Have you suffered from any of the following?

Diseases		Yes/No	Diseases		Yes/No
1.Infectious Diseases	Mumps	No	9.Surgical	Fractures	No
	Measles	No		Injuries	No
	Whooping Cough	No		Operations	No
	Chickenpox	No		Diphtheria	No
	Tetanus	No		Tetanus	No
	Diphtheria	No		Polio	No
2.Worm Infestation	Other	No	10.Immunizations (Have you been vaccinated against)	Whooping Cough	No
	Filaria	No		Typhoid	No
	Other	No		T.B.(B.C.G.)	No
3.Tropical Diseases	Malaria	No	11.Misc	Diabetes	No
	Amoebic Dysentery	No		Hypo/Hyper Thyroid	No
4.Respiratory	Frequent Colds	No		Alcohol/Drug Addicted	No
	Asthma	No		Attempted Suicide	No
	Pneumonia	No		Other	No
	T.B.	No		12.Allergic History	Food
	Other	No			Drugs
5.Circulatory	Heart Disease	No	13.Disability	Do you believe that you a disability that any way requires you to receive special consideration from the University.	No
	High Blood Pressure	No			
6.ENT	Ear Infections	No			
	Other	No			
7.Eye	Short Sight	No			
	Long Sight	No			
	Injuries	No			
	Other	No			
8.Nervous System	Epilepsy	No	14. For Female Only	Menstrual Problem	No
	Migraine	No			
	Nervous Breakdown	No			
	Other	No			

If yes mentioned at above 1-14 columns, write all the related details and attach copy of documents.

.....
.....
.....
.....
.....
.....
.....
.....

Extra Curricular Activities During the School Days

Last School Attended : KN/Klinochchi Maha Vidyalayam		
Sports : Yes	Religious Work : Yes	Leadership : Yes
Music : Yes	Dancing : Yes	Arts : No

FAMILY MEDICAL HISTORY

Position in Family : 2

	Alive		Dead	
	Age	State of Health if ill, Mention the illness	Age at Death	Cause of Death
Father	57	Blood Pressure		
Mother	53	Blood Pressure , Asthma		
Brother	24			
Sister	14			

I certify that the above information is true and correct. ඉහත තොරතුරු සත්‍ය බවත් නිවැරදි බවත් සහතික කරමි.

Applicant's Signature :

Date :

PART II**SHOULD BE COMPLETED BY A MBBS QUALIFIED MEDICAL OFFICER**

01	Weight(without shoes)	Height
02	Eye	Consultant / Medical Officer of Eye Unit in the Government Hospital
	Vision	(i.)without glasses R L
		(ii.) with glasses R L
		(iii.) Colour Vision
		(iv.) Other
	ENT	Consultant / Medical Officer of ENT Unit in the Government Hospital
03	Dental	Consultant / Medical Officer of Dental Unit in the Government Hospital
		Conditions of Teeth, Gums, Throat ad Nasal Passages
		(a). Are the gums and teeth healthy?
		(b). State of tongue, fauces and nasal passages
04	Examination of Heart	
		(a). Any Past History of Heart disease or Rheumatic Fever?
		(b). Any Cardiac enlargement?
		(c). Heart Sounds
		(d). Murmurs
		(e). Blood Pressure
		(f). Pulse
05	Examination of Lungs	
		(a). Past History of Tuberculosis, Bronchitis of Asthma?
		(b). Any abnormality clinically?
06	Examination of Abdomen	
		(a). Any evidence of enlargement of Liver or Spleen?
		(b). Any past history of peptic ulcer?
		(c). Are the kidneys palpable?
		(d). Any other abnormalities?
07	Examination of the Nervous System,	
		(a). Any History of convulsions or Insanity?
		(b). Any past History of Poliomyelitis?
		(c). Fundi,
		(d). Reflexes,
		(e). Any other

08	<p>Operations and other details,</p> <p>(a). Has he/she ever had any operations or accidents?</p> <p>(b). Any deformities-Congenital or acquired?</p> <p>(c). Any evidence of hernia, hydrocele, varicose veins or Hemorrhoids</p> <p>(d). Immunisation</p> <p>(e). Any other</p>											
09	Chest X-ray,(if indicated by symptoms/signs only) Mantoux (If indicated)											
10	<p>Investigation</p> <p>(a). E.C.G.</p> <table border="1" data-bbox="311 557 1379 732"> <tr> <td data-bbox="311 557 468 608">(b). Blood</td><td data-bbox="468 557 1379 608">WBC</td></tr> <tr> <td data-bbox="311 608 468 656"></td><td data-bbox="468 608 1379 656">Hb%</td></tr> <tr> <td data-bbox="311 656 468 707"></td><td data-bbox="468 656 1379 707">Platelets</td></tr> <tr> <td data-bbox="311 707 468 732"></td><td data-bbox="468 707 1379 732">Blood group</td></tr> </table> <p>(c). Urine</p> <table border="1" data-bbox="311 732 1379 893"> <tr> <td data-bbox="311 732 468 768">Albumin</td></tr> <tr> <td data-bbox="311 768 468 802">Sugar</td></tr> <tr> <td data-bbox="311 802 468 838">Deposits</td></tr> </table>	(b). Blood	WBC		Hb%		Platelets		Blood group	Albumin	Sugar	Deposits
(b). Blood	WBC											
	Hb%											
	Platelets											
	Blood group											
Albumin												
Sugar												
Deposits												
11	Does the student need referral to a specialist regarding any medical condition? If so what is the condition?											

I am of opinion that **Mr . PUSPARASA AYILAVAN** is fit/not fit for higher studies for the following reasons.

Date:

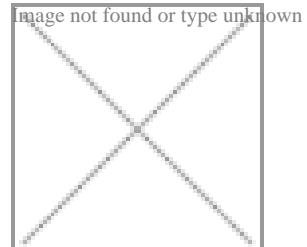
Signature of Medical Officer(Frank)

Date:

University Medical Officer

**UNIVERSITY OF KELANIYA****Department of Physical Education****Sports, Recreation and Physical Education
Information**

Personal Information		
1. A/L Stream : Physical Science		
2. Selection Window : SOFTWARE ENGINEERING		
3. Degree Programme : Bachelor of Science in Software Engineering (Hons.) Degree		
4. Student No: SE/2018/007	5. Academic Year : 2018/2019	
6. Date of Birth and Place : 1997-03-15, Kilinochchi		
8. NIC No : 970750436V	9. Gender : Male	
10. Title : Mr	11. Name with Initial : AYILAVAN P.	
12. Full Name : PUSPARASA AYILAVAN		
13. Permanent Address : 260km Post , Jaffna Road(a9), Umajjalpuram,Paranthan , Kilinochchi		
14. Living District : Kilinochchi	15. Email : ajeelavan1503@gmail.com	
16. Tel No Home : 0766424081	17. Tel No Mobile : 0773265504	18. Age : 23
19. Blood Group : O+	20. Body Weight (kg) : 60	21. Height (cm) : 180



22. Information of the person to be informed in case of an Emergency			
a. Name : K.Pusparasa			
b. Relationship : Father	c. Tel No Home :	d. Tel No Mobile : 0773265504	

Primary and Secondary Education Details

School	From	To	Grade / Level / Exams
Kn/Kilinochchi maha vidyalayam	2003	2016	1-13

Sports Participation

Sports / Event	Level	From	To	Best Performance and Year
<i>Badminton</i>				
Single	School	2011	2013	
<i>Table Tennis</i>				
Single	School	2011	2013	
<i>Track & Field</i>				
100m	School	2011	2016	
400m	School	2011	2016	

I certify that the above information is true and correct. ඉහත තොරතුරු සත්‍ය බවත් නිවැරදි බවත් සහනික කරමි.

Applicant's Signature :

Date :

Registrar
University of Kelaniya
Kelaniya

Declaration of Consent

I Father/Mother/Guardian of
PUSPARASA AYILAVAN, do hereby undertake to pay to the University the value of any unreturned library books borrowed by AYILAVAN P. my son/daughter/....., from the library of the University of Kelaniya together with any surcharge that may be imposed by the University and/or any other sum of money that may become due to the University from my said son/daughter/.....

.....
Father/Mother/Guardian

Signed before me at

On this day of,

Stamp Rs. 25/- Should be canceled with signature
--

Justice of Peace

.....

Student No : SE/2018/007

DECLARATION BY THE CANDIDATE / STUDENT

NOTE : It is mandatory for the candidate/student to place his/her signature before Principal of the School from where the student sat the G.C.E.(A/L) Examination in case of a School Candidate and the Gramaseva Niladhari of the area of the permanent place of residence of the candidate/student certified by the Divisional Secretary, in case of a Private Candidate.

1. I PUSPARASA AYILAVAN have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act. No. 20 of 1998.
2. I hereby undertake that ;
 - 2.1 I will not indulge in any behavior or act that may come under the definition of ragging
 - 2.2 I will not participate in or abet or propagate ragging in any form
 - 2.3 I will not hurt anyone physically or psychologically or cause any other harm
3. I hereby agree that if found guilty of any form of ragging, I may be punished as per the law enforced and by-laws of the University.

Signed this on the day of the month of in the year

.....
Signature of the Student

Name :

Address:
.....
.....

Signed before me

.....
Signature of the Principal

Name :

Official Seal :

.....
Signature of the Gramaseva Niladhari

Name :

Official Seal :

.....
Signature of the Divisional Secretary

Name :

Official Seal :

1. I..... have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act. No. 20 of 1998.
2. I assure you that my son/daughter/ward will not indulge in any form of ragging.
3. I hereby agree that if he/she is found guilty of any form of ragging he/she may be punished as per the law enforced and by-laws of the University.

.....
Signature of Mother/Father/Guardian

Name :

Relationship to the student :

Address :

.....