

## வன்னிச் சங்கம் கனடா

V UNITED CARE FOR KIDS INC - CANADA அறக்கட்டளை அமைப்பு Charitable Organization

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SCHOLARSHIP FOR LOW INCOME FAMILY STUDENT STUDYING IN UNIVERSITIES OF SRI LANKA.
(Districts of Vavuniya, Mullaitivu, Mannar & Kilinochchi)

Student Full Name:			
Father or Mother Full Name:			
Parents Permanent Address:			
Student Present Address:			
Date of Birth:			
Name of University:			
Faculty & Year:			
<b>Bank Details for Cash Depos</b>	it:		
Name of The Bank & B	ranch:		
Name of Account & Nu	mber:		
I do hereby certify that the above particulars furnished by me are true and correct and the confirmation			
details attached to this are subn	nitted by me correctly.		
Signature of Student		Date	
I do hereby certify that the part	ticulars and the confirmation details	submitted by the above mention	
student is true and correct.			
Signature of Attester	Rubber Stamp	Date	