



**University of Vocational Technology
University College of Jaffna**



Application for Nipunatha Sisu Saviya Bursary Scheme

Section 01 – General Details:

Full name			
Registration no.			
Department			
Diploma Program			
Permanent address			
Grama Niladari Division and Number			
Divisional Secretariat		District	
Current address			
Date of birth		NIC no.	
Email		Contact no (landline)	
		Contact no (mobile)	
Marital status		Nationality	
If the student suffers from any special needs/disability, please indicate here & attach the relevant medical records			
If the student currently receiving any other government-funded beneficiary scheme, please indicate here & attach the records			

Section 02 – Details of employment history: (in the order of latest employment)

	Employer	Address of Workplace	Occupation	Monthly income	Annual income
1					
2					
3					
4					
5					
6					

Section 03 – Details of parents, guardian and spouse:

	Full name	Occupation	Monthly income	Annual income
Father				
Mother				
Guardian				
Spouse				
Total				

Section 04 – Details of other family members (siblings/spouse) etc.:

No.	Name with initials	Relationship	Marital status	Occupation	Annual income	Workplace or Educational institute

Section 05 – Details of income

Annual income of parents/guardian/spouse	
Self-annual income (if available)	
Total	

Section 06 – Details of the person who bares the expenditures for the studies

Name	
Relationship	

Section 07 – Bank Account Details

I confirm the accuracy of my own personal bank account details as follows

Name of the Account Holder					
Bank Account Number					
Bank Name		Branch		Bank Code	

(Attach a certified copy of the first page of the bank passbook or certification letter from the bank)

The information provided in the above sections is accurate; if there is false information, I shall bear the consequences. If there are any changes to the above details, I am obliged to forthwith inform the AR office in writing immediately.

Signature (Applicant)		Date	
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Section 08 – Grama Niladari’s Statement

I confirm that all the information provided in the above sections is accurate.

Name of Grama Niladari			
Signature		Official Stamp	
Date			

For official use only

Received by the AR Office

Date stamped: