



UNIVERSITY OF COLOMBO SCHOOL OF COMPUTING – SRI LANKA

APPLICATION FOR THE SHOREA ROBUSTA SCHOLARSHIP - 2022
(UCSC FOURTH YEAR SPECIAL BURSARY)

- 1. Full Name: Mr./Miss/Mrs./Rev.:
-
- 2. Permanent Address:
-
- 3. UCSC Registration number:
- 4. Distance (to the closed Kilometers) from your permanent residence to the University of Colombo
.....
- 5. State whether you are a recipient of Mahapola/ Bursary or any Other Scholarship. If so, state the amount received:
.....

6. Details of family:
State details of unmarried brothers and sisters as at **31.12.2021**

No.	Name	Date of Birth & Age	Name of the School / Higher Educational Institution at which he / she is studying	University Registration Number / Course of Study and Year of Study	Whether he/she is a recipient of Mahapola / Bursary / Any other Scholarship	Whether he / she employed
1						
2						
3						
4						
5						

7. Please give justification with regard to your eligibility to consider for such a special bursary:
.....
.....
.....

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

Date of marriage.....
(Annex marriage certificate)

Name of Spouse:.....

If spouse is employed name of institution where she/he is employed:

.....

Post held:

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

9. Details of Parents/Guardian:

Details of Father:

(1) Full Name:

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

(2) Whether living or deceased:

(If deceased, annex death certificate)

(3) If living, Age :

Years:..... Months:

(4) Father's Occupation:

.....
.....

(5) Address of present / previous employment:

.....

(6) State the full annual income derived from employment / Pension Rs.

(Full annual income as at **31.12.2021**, should be declared).

*Please annex details of salary

(7) Annual income derived from houses & properties: Rs.

(8) Annual income derived from all other sources: Rs.

Father's total annual income Rs.

(9) Whether Income tax is paid

Details of Mother:

(1) Full Name:

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

(2) Whether living or deceased:

(If deceased, annex death certificate)

(3) If living, Age :

Years:..... Months:

(4) Mother's Occupation:

.....
.....

(5) Address of present / previous employment:

.....

(6) State the full annual income derived from employment / Pension Rs.

(Full annual income as at **31.12.2021**, should be declared).

*Please annex details of salary

(7) Annual income derived from houses & properties: Rs.

(8) Annual income derived from all other sources: Rs.

Mother's total annual income Rs.

(9) Whether Income tax is paid

10. Father's and Mother's total annual income: (Total income in cage 9)

Rs.

(write total full annual income of father and mother in words)

11. Details of Guardian:

This section should be filled by applicants who do not have parents or applicants who are not in the charge of their parents.

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

12. Declaration by applicant:

I hereby certify that the information given above is true and accurate to the best of my knowledge, and that I do not pay income tax. I am also aware that if any information is found to be untrue by the University Authorities, my application will not be considered for the above Special Bursary.

Date:

.....
Signature of Applicant

Recommendation of Gramaseva Niladhari

13. Name of the Gramaseva Niladhari :.....

Number and Division of Gramaseva Niladhari :.....

I hereby certify that the annual income of the parents/ guardians stated in cage 09,10, 11 is Rs. (amount in word) and that I have compared the documents presented by the applicant with the information given about the income and properties that to the best of my knowledge and understand they are *accurate/ inaccurate due to the following reasons.

.....
.....

I further certify that the parents of the applicant receive/ do not receive Rs..... from Government Relief Programme (eg. Samurdhi).

(*Please strike out the inappropriate words)

Date:

.....
Signature of Gramaseva Niladhari

Seal

Name of the Divisional Secretary :
Divisional Secretariat :
District :

I certify the signature of the Grama Seva Niladhari.

Date :

.....
Signature of Divisional Secretary

Seal

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Academic Performance	
Year	GPA
1 st Year	
2 nd Year	
3 rd Year	
Overall Ranking of the Student at the end of the third year <input type="text"/>	

I certify that has not committed any violation of Examination rules and regulations.

Date.....

.....
Senior Assistant Registrar/ Examinations