

# UNIVERSITY OF JAFFNA

**Application for getting Financial Assistance - Mrs. Arulammah Balachandran Memorial Scholarship**

Closing Date : 09.06.2026

Full Name:											
Title:		Rev. / Sis. / Mr. / Miss. / Mrs. (Please circle the appropriate one)									
<b>Contact Details:</b>											
Permanent:											
Temporary:											
Mobile No:				Email id:							
NIC No:				District:							
GS division:				DS division:							
<b>Course Details:</b>											
Course of Study:				Faculty / Department / Unit:							
Registration No:				Academic Year:							
Year of Study:		1 <sup>st</sup> year / 2 <sup>nd</sup> year / 3 <sup>rd</sup> year / 4 <sup>th</sup> year / 5 <sup>th</sup> year (Please delete the inappropriate one)									
Are you accommodated in the University hostel:		Yes <input type="checkbox"/>		No <input type="checkbox"/>		(Please tick the appropriate one)					
Are you physically impaired		Applicable <input type="checkbox"/>		Not Applicable <input type="checkbox"/>							
Are you married <input type="checkbox"/>		Single <input type="checkbox"/>		If you are married, is your spouse employed <input type="checkbox"/>		unemployed <input type="checkbox"/>					
		If your spouse is employed, the gross annual income of your spouse: .....									
<b>Family Details:</b>											
Is your father Alive <input type="checkbox"/>				Not Alive <input type="checkbox"/>							
Is your mother Alive <input type="checkbox"/>				Not Alive <input type="checkbox"/>							
<i>If Father Alive</i>				<i>If Mother Alive</i>							
Is he Physically impaired		Applicable <input type="checkbox"/>		Is she Physically impaired		Applicable <input type="checkbox"/>					
		Not Applicable <input type="checkbox"/>				Not Applicable <input type="checkbox"/>					
Occupation:				Occupation:							
Annual income:				Annual income:							
<b>Siblings Details:</b>											
Number of Siblings <input type="checkbox"/>		Schooling <input type="checkbox"/>		Higher Studies		No. of employed		No. of unemployed			
				Married <input type="checkbox"/>		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Single <input type="checkbox"/>	
Total Annual income from the Single employed siblings: (Please attach the supporting certified document)											
Annual family income:		Please tick (✓) the appropriate range below: (Please attach the supporting certified documents)									
Below Rs. 50,000 <input type="checkbox"/>		Rs 50,000 to Rs 100,000 <input type="checkbox"/>		Rs 100,000 to Rs 300,000 <input type="checkbox"/>		Rs 300,000 to Rs 500,000 <input type="checkbox"/>		Above 500,000 <input type="checkbox"/>			
Do your family have Samurdhi or Aswesuma:				Yes <input type="checkbox"/>				(Please attach the supporting certified document)		No <input type="checkbox"/>	
Expected Monthly Non-Academic Expenditures		Please tick (✓) the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)									
Below Rs. 8,000 <input type="checkbox"/>		Rs 8,000 to Rs 15,000 <input type="checkbox"/>		Rs 15,000 to Rs 25,000 <input type="checkbox"/>		More than Rs 25,000 <input type="checkbox"/>					
Are you receiving any financial assistance / scholarships from the <b>University</b> (Please tick the appropriate one)											
Mahapola <input type="checkbox"/>		Bursary <input type="checkbox"/>		Any other scholarships/Financial assistance <input type="checkbox"/>							
				Name of the scholarships/Financial assistance:			Amount per annum:				
				.....			.....				
Are you getting any other Financial Assistance <b>other than the University</b>				Yes <input type="checkbox"/>		No <input type="checkbox"/>					
If yes		Name of the scholarships/Financial assistance:				Amount per annum:					
		.....				.....					

Reasons for requesting scholarships/Financial assistance:

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

- I certify that all the information provided above is true and accurate to the best of my knowledge. I understand that if any information is found to be false, my scholarship may be prematurely cancelled.
- I submitted a clear copy of my Bank Pass Book (Bank of Ceylon or People's Bank), certified by my Faculty AR/SAR/DR.
- I acknowledge that providing my bank details does not mean I have been selected for the financial assistance.

Signature of the student: .....

.....

**Date**

**Certification of the Grama Niladhari and Divisional Secretary**

This is to certify that the parental income and other details given by Mr./Mrs./Miss ..... is true and correct according to the details available at my office.

Name of the Grama Niladhari: .....

Signature and Official Seal of the Grama Niladhari: .....

.....

**Date**

Name of the Divisional Secretary: .....

Signature and Official Seal of the Divisional Secretary: .....

.....

**Date**

Recommended / Not Recommended for Financial Assistance

Justification:.....  
.....  
.....

.....

**Student Counselor**

.....

**Date**

Recommended / Not Recommended for Financial Assistance

.....

**Dean**

.....

**Date**

Recommended / Not Recommended for Financial Assistance

.....

**Director / Students' Welfare**

.....

**Date**

**For Office Use**

The above Student has / has not been selected for the ..... Financial Assistance

.....

**Senior Assistant Registrar / Welfare Services**

.....

**Date**

**NOTE : Please note that providing your bank details does not mean you have been selected for the Financial Assistance; It is collected only to ensure a smooth process after selection.**