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MINISTRY OF HIGHER EDUCATION & HIGHWAYS SRI LANKA

GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS FOR FOREIGN STUDENTS

FOR THE ACADEMIC YEAR 2015/16

APPLICATION FORM

Ministry of Higher Education and Highways No.18, Ward Place Colombo 07 Sri Lanka

Check List to Applicants

• Each Candidate must submit 3 sets of completed application forms (one original). Please note that each application should have copies of all the required documents with it.

Note: Certified English translations of supporting documents must be provided (i.e. certificates, testimonials, and transcripts) for documents that are not in English.

Check list

I.	Certified copy of Birth Certificate	
II.	Certified copy of official evidence of any name change	
III.	Certified copies of the academic transcripts of G.C.E A/L and G.C.E O/L or their equivalents	
IV.	Original letter obtained from the Board of Examinations	
V.	Certified copy of IELTS/TOEFL certificate	
VI.	Certified copy of the data page of applicant's passport	
VII.	Medical Certificate	
VIII.	Police Report	

I submit herewith all the relevant documents as above.

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Date

Signature of the applicant

1. PERSONAL DETAILS

Name in Full (Please fill in block letters and underline the surname):								
Passport No:	Citizenship:							
Date of Birth (dd/mm/yyyy):	Country of Birth:							
Ethnicity:	Religion:							
Marital Status: Single / Married / Divorced / Widowed	Gender: Male / Female							
Postal Address:								
Telephone No: - - - - -	Fax No: (country code) (area code) (tel no.)							
E-mail address :								
Details of the Parent/ Guardian:-								
Name :								
Relationship (Father/Mother/etc)								
Occupation / Designation:								
Residence Address:								
Office Address:								
Contact Number/s :								
E-mail Address :								

2. ACADEMIC QUALIFICATIONS

A. Institutes/ Schools

Name of Institute/ School	From	То	Qualifications Obtained	Medium of Instruction

B. General Certificate of Education (Advanced Level or Equivalent) – Certified copies of

certificates and transcripts in English should be annexed.

Stream: Mathematics Bio-science Arts Commerce										
Year	Name of the Examination	Subjects offered and Grades / Marks obtained	Medium of Instruction	Awarding Body	Final Certificate / Level Qualification Awarded					

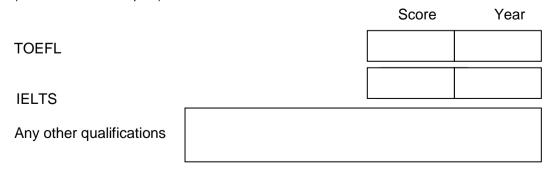
C. General Certificate of Education (Ordinary Level or Equivalent) - Certified copies of certificates and transcripts in English should be annexed.

Year	Name of the Examination	Subjects offered and Grades / Marks obtained	Awarding Body	Medium of Instruction	Final Certificate / Level Qualification Awarded				

- D. Any Other Qualifications:
- E. Academic Distinctions or Prizes Received:

3. ENGLISH LANGUAGE PROFICIENCY

Give the result/score of any language test taken: *(Enclose certified copies)*



4. STATE THE ORDER OF PREFERENCE TO THE DEGREE PROGRAMMES WHICH YOU WISH TO FOLLOW AT A UNIVERSITY IN SRI LANKA (Under no

circumstances the order of preference can be changed)

#	Degree Programme	University
1		
2		
3		
4		
5		
6		

5. APPLICANT'S STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and how this relates to your future career plan. (You may use additional sheet/s of paper if space on this form is insufficient). Please tick if additional material enclosed

6. DECLARATION

A. Student's Declaration

I hereby certify that all the statements made on this application and in the attached documents are true and correct. I have read and understood all the terms and conditions regarding the scholarship mentioned under the scholarship details in the scholarship brochure. I shall return to my home country as soon as I complete my scheduled programme and will not extend my stay without approval of the Ministry of Higher Education & Research, Sri Lanka.

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Date																										

Signature

B. Official Declaration

(To be completed by the nominating authority)

Name of the Country: Name of the Nominating Agency:
I nominate Rev./Mr./Ms for a Bachelor's degree offered by the Ministry of Higher Education and Research, Sri Lanka.
Name :
Position :
Signature :
Official Stamp :
Date

HEALTH CERTIFICATE

(Please put " $\sqrt{}$ " in relevant cage)

Name : Postal address :	Sex: Dat Male Female	PHOTO
Nationality :	Place of Birth :	Blood group:
Have you ever had any of the follo	wing diseases?	
Yes Yes Typhus fever	Image: Second state sta	binal meningitis
Height : cm	Weight: kg	Blood pressure: mmHg
Development:	Nourishment:	Neck:
Vision:	Corrected vision:	Eyes:
Colour sense:	Skin:	Lymph nodes:
Ears:	Nose:	Tonsils:
Heart:	Lungs:	Abdomen:

Spine:		Extremities:		Nervous system:
Other abnormal findings		L		
Chest X-ray exam			ECG	
Laboratory exam for HIV/AIDS (Please attach test report of HIV/AIDS, Syphilis etc)				
None of the following disea	ses (or disorders found du	ring the prese	ent examination.
Cholera		Venereal Dise Lung tubercul HIV/AIDS Psychosis		
Suggestion:			Signature c	of the physician
Date			Offic	ial Stamp