Please attach a Passport Size Photo 3.5cm*4.5cm

MINISTRY OF HIGHER EDUCATION & RESEARCH
SRI LANKA

GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS FOR FOREIGN STUDENTS

FOR THE ACADEMIC YEAR 2014/15

APPLICATION FORM

Ministry of Higher Education and Research
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.

……. ……..

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: …….. - ……. - ……. (country code) (area code) (tel no.) **Mobile No** : …….. - ……. - ……. (country code) (area code) (tel no.)	**Fax No:** ……. - …… - …….. (country code) (area code) (tel no.)
E-mail address : …… *(Candidates are strongly advised to provide either a fax no. or an email address to facilitate correspondence)*	
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	To	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: ……

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E. Academic Distinctions or Prizes Received:

3. ENGLISH LANGUAGE PROFICIENCY

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

	Score	Year
TOEFL		
IELTS		
Any other qualifications		

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).*

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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.

…….. ……

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 "√ " in relevant cage)

Name :	**Sex:** Male ☐ Female ☐	**Date of Birth :**	**PHOTO**
Postal address :			

Nationality :	**Place of Birth :**	**Blood group:**

Have you ever had any of the following diseases?

	Yes	No		Yes	No
Typhus fever	☐	☐	Bacillary dysentery	☐	☐
Poliomyelitis	☐	☐	Brucellosis	☐	☐
Diphtheria	☐	☐	Viral hepatitis	☐	☐
Scarlet fever	☐	☐	Typhoid and paratyphoid fever	☐	☐
Relapsing fever	☐	☐	Epidemic cerebrospinal meningitis	☐	☐

Do you have any of the following diseases or disorders endangering the public order and security?

	Yes	No
Toxico mania	☐	☐
Mental confusion	☐	☐
Psychosis: Manic psychosis	☐	☐
Paranoid psychosis	☐	☐
Hallucinatory	☐	☐

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	

Chest X-ray exam		**ECG**	

Laboratory exam for HIV/AIDS (Please attach test report of HIV/AIDS, Syphilis etc)	

None of the following diseases or disorders found during the present examination.

Cholera	☐	Venereal Disease	☐
Yellow fever	☐	Lung tuberculosis	☐
Plague	☐	HIV/AIDS	☐
Leprosy	☐	Psychosis	☐

Suggestion:

……
Signature of the physician

……
Date

Official Stamp