



**MINISTRY OF HIGHER EDUCATION & HIGHWAYS
SRI LANKA**

**GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS
FOR FOREIGN STUDENTS**

FOR THE ACADEMIC YEAR 2017/2018

APPLICATION FORM

Ministry of Higher Education and Highways

No.18, Ward Place

Colombo 07

Sri Lanka

Photograph
(Passport Sized)



FOR OFFICE USE ONLY

COURSE:

APPLICATION NO:

Ministry of Higher Education & Highways

APPLICATION FOR GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS FOR FOREIGN STUDENTS ACADEMIC YEAR 2017/2018

This form should be completed and sent with the recommendation of the government nominating agency (along with the supporting documentation as required) to reach Secretary/Ministry of Higher Education & Highways, No: 18, Ward Place, Colombo 07, Sri Lanka on or before 16.04.2018.

1. PERSONAL DETAILS (In BLOCK Capitals)															
N.B.: Certified copies of the relevant pages of your passports/birth certificate/citizenship certificate/NIC should be attached.															
Full Name:															
Name with initials:															
Title (Rev, Mr, Miss, Mrs):															
Date of Birth:		DD:		MM:		YYYY:		Age (as at 16 th April 2018):		DD:		MM:		YY:	
Sex (✓)	Male:		Female:		Citizenship (✓)	Single:		Dual:							
NIC Number								Date Citizenship obtained		DD:		MM:		YYYY:	
Passport Number:				Civil Status (✓)		Married:		Unmarried:		Nationality:					
2. CONTACT DETAILS (In BLOCK Capitals)															
Address of the Permanent Residence:						Address for correspondence: Sri Lankan Address (if any)									
						Local:									
Postcode:						Postcode:									
Tel:						Tel:									
Mobile:						Mobile:									
Fax:						Fax:									
Email: (write clearly)						Email: (write clearly)									
3. PARENT'S/GURDIAN'S DETAILS															
Father's name:															
Occupation:															
Contact Details:				Tel:		Local									
						Sri Lankan (if any)									
Mobile:				Email:		(write clearly)		Passport Number:							
Mother's name:															
Occupation:															
Contact Details:				Tel:		Local									
						Sri Lankan (if any)									
Mobile:				Email:		(write clearly)		Passport Number:							

Guardians' name:							
Occupation:							
Contact Details:		Tel:	Local				
			Sri Lankan (if any)				
Mobile		Email:	(write clearly)		Passport Number:		
N.B :All applicants should attach following documents; I Certified copies of the Passport of the candidate II Certified copies of the Citizenship Certificates of the candidate III Certified copy of the Birth Certificate/National Identity Card IV Certified copies of the School Leaving Certificates of the candidate V Certified copies of the Birth Certificates of the Parents							
4. EDUCATIONAL QUALIFICATIONS							
Educational qualifications in reverse chronological order N.B : All applicants should attach to their applications, certified copies of the educational certificate and the statement of results of their qualifying examination. The copy of the certificate and the statement of results should be certified by the relevant Examinations Board which conducted the examination concerned. (Photocopies of the certificates will not be considered for evaluation and result in rejection of the application)							
Year (In reverse chronological order)	Month	Qualifying Examination	Index No/ Unique Candidate Identifier	Awarding Body	Subjects offered and Grades obtained	Name of the School	Final Certificate Level/ Qualification Awarded
5. ENGLISH LANGUAGE PROFICIENCY							
Applicants whose primary language is not English or whose previous education has not been in English must provide evidence of proficiency in English(i.e. achieve a minimum score of 525 on the TOEFL or achieve a minimum score of 6.5 on IELTS) (Enclose certified copies of certificates) Please list down your English Language Qualifications with results obtained.							
English Qualification				Results/Score		Passing Year	
6. FOR CANDIDATES WITH HIGH SCHOOL DIPLOMA							
Candidates with High School Diploma should have passed the Scholastic Aptitude Test(SAT)							
Score of the Scholastic Aptitude Test:					Passing Year:		
7. OTHER QUALIFICATIONS							
Any other relevant qualifications gained by you:							

8. COURSES OF STUDY& UNI-CODES												
<p>A unique code has been given to each individual course of study of a particular university /campus / institute. This unique code is referred to as a "Uni-Code". Indicate downward the order of preference of the course/courses of study and the order of preference of the "Uni-codes" for those courses of study across. [Ex: Biological Science - 006A 006B 006C 006 D] (Please refer page no 63 of the document for the mapping tables of the Uni-codes) Note: Under no circumstances the order of preference can be changed.</p>												
Order of Preference of the Courses of Study ↓		Order of Preference of the Uni-codes →										
		1	2	3	4	5	6	7	8	9	10	11
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

9. REFEREES			
Give the details of two persons of good standing in your country who could, from their personal knowledge, testify to your character, academic background and capacity to undertake further studies			
Referee 01			
Name			
Designation			
Address			
Tel:		Email:	
Referee 02			
Name			
Designation			
Address			
Tel:		Email:	
If you know of any Sri Lankan citizen permanently residing in Sri Lanka who could act as your referee			
Name			
Designation			
Address			
Tel:		Email:	

10. 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 provided is insufficient).

[illegible]

Please tick if additional material enclosed

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11. 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 & Highways, Sri Lanka.			
Date :		Signature of the Applicant:	
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 Highways, Sri Lanka.			
Name		Position	
Signature :	(Signature)	(Official Stamp)	
Official Stamp :			
Date :			
12. Note: Failure to send all required documents along with the application form will result in rejection of the application. Therefore, make sure that you have submitted the following documents as required along with your application;			
Application Checklist			
✓	Copies of the educational certificate and the statement of results certified by the relevant Examinations Board		
✓	A letter obtained from the Examinations Board concerned with regard to equivalence of the qualifying examination to Sri Lankan Advanced Level or it is the examination required to enter into a university in your own country.		
✓	Certified copies of the School Leaving Certificates of the candidate of the candidate.		
✓	Certified copy of the Birth Certificate/National Identity Card/Citizenship Certificate of the candidate.		
✓	Certified copies of the Birth Certificates of parents.		

HEALTH CERTIFICATE

(Please put “√” in relevant cage)

Name :	Sex:	Date of Birth :	PHOTO																																																																																																																					
	Male <input type="checkbox"/> Female <input type="checkbox"/>																																																																																																																							
Postal address :																																																																																																																								
Nationality :	Place of Birth :	Blood group:																																																																																																																						
<p>Have you ever had any of the following diseases?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Typhus fever</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Bacillary dysent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Poliomyelitis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Brucellosis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Diphtheria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Viral hepatitis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Scarlet fever</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Typhoid and par</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>pho</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>fever</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Relapsing fever</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Epidemic ce</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ros</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>al meningitis</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>					Yes	No	Yes	No					Typhus fever	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Bacillary dysent	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Brucellosis	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Typhoid and par	<input type="checkbox"/>	<input type="checkbox"/>	pho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			fever					<input type="checkbox"/>	<input type="checkbox"/>			Relapsing fever	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			Epidemic ce	<input type="checkbox"/>	<input type="checkbox"/>	ros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			al meningitis					<input type="checkbox"/>	<input type="checkbox"/>		
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<p>Do you have any of the following diseases or disorders endangering the public order and security?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Toxico mania</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental confusion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Psychosis: Manic psychosis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Paranoid psychosis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hallucinatory</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Yes	No	Toxico mania	<input type="checkbox"/>	<input type="checkbox"/>	Mental confusion	<input type="checkbox"/>	<input type="checkbox"/>	Psychosis: Manic psychosis	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid psychosis	<input type="checkbox"/>	<input type="checkbox"/>	Hallucinatory	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																			
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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 <input type="checkbox"/> <input type="checkbox"/> Yellow fever Lung tuberculosis <input type="checkbox"/> <input type="checkbox"/> Plague HIV/AIDS <input type="checkbox"/> <input type="checkbox"/> Leprosy Psychosis <input type="checkbox"/> <input type="checkbox"/>			
Suggestion:			
Signature of the physician			
Date		Official Stamp	