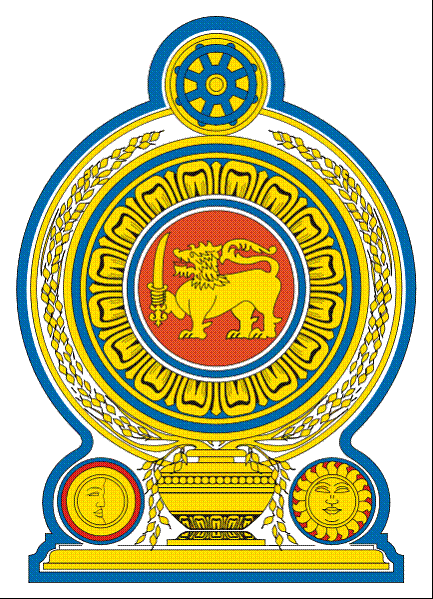
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**MINISTRY OF HIGHER EDUCATION & HIGHWAYS**

**SRI LANKA**

**GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS**

**FOR FOREIGN STUDENTS**

**FOR THE ACADEMIC YEAR 2017/2018**

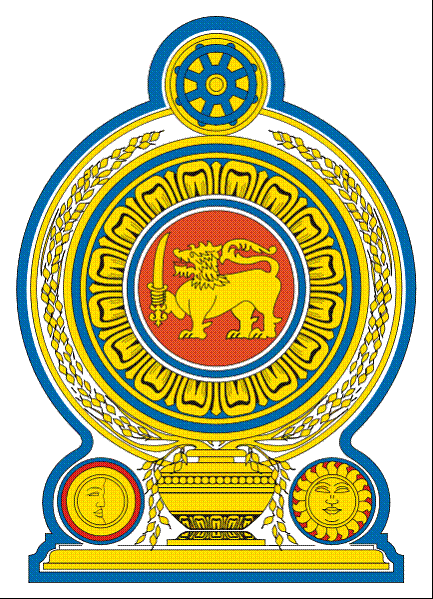
**APPLICATION FORM**

**Ministry of Higher Education and Highways**

**No.18, Ward Place**

**Colombo 07**

**Sri Lanka**

****

**FOR OFFICE USE ONLY**

COURSE:

APPLICATION NO:

**Photograph**

**(Passport Sized)**

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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 16th April 2018):** | | | | | | | | | **DD: MM: YY:** | | | | | | | |
| **Sex (✓)** | **Male:** | | |  | **Female:** | |  | | **Citizenship (✓)** | | | | | | **Single:** | |  | | | Citizenship | | | **Dual:** | | |  | | Citizenship 1 | | | Citizenship 2 | |
| **NIC Number** | | | | | | | | | |  | | | | | | | | | | | **Date Citizenship obtained** | | | | | | | | **DD: MM: YYYY:** | | | |
| **Passport Number:** | | | |  | | | | | **Civil Status (✓)** | | | | | | **Married:** | | | | |  | **Unmarried:** |  | | **Nationality:** | | | | | |  | | |
| 1. **CONTACT DETAILS (In BLOCK Capitals)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address of the Permanent Residence:** | | | | | | | | | | | | **Address for correspondence: Sri Lankan Address ( if any)** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **Local:** | | | | | | | | | | | | | |  | | | | | | |
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| **Postcode:** | | | | | | | | | | | | **Postcode:** | | | | | | | | | | | | | | **Postcode:** | | | | | | |
| **Tel:** | | | | | | | | | | | | **Tel:** | | | | | | | | | | | | | | **Tel:** | | | | | | |
| **Mobile:** | | | | | | | | | | | | **Mobile:** | | | | | | | | | | | | | | **Mobile:** | | | | | | |
| **Fax:** | | | | | | | | | | | | **Fax:** | | | | | | | | | | | | | | **Fax:** | | | | | | |
| **Email: *(write clearly)*** | | | | | | | | | | | | **Email: *(write clearly)*** | | | | | | | | | | | | | | **Email: *(write clearly)*** | | | | | | |
| 1. **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:** | | | | |  |

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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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** | | | |
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| 1. **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** | | | | | | |
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| 1. **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:** | | | | | | |  | | | | | | | | |
| 1. **OTHER QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any other relevent qualifications gained by you:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **COURSES OF STUDY& UNI-CODES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 **downwards** 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**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** |
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| **10** |  | | | | | | |  | | |  | | |  | | | |  | | | |  | |  |  | | |  | | |  | |  | |  |
| 1. **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:** | | | | | | |  | | | | | | | | | | | | |

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| 1. **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).**  ..............................................................................................................................................................................................................................................................................  ..............................................................................................................................................................................................................................................................................  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| --- | --- | --- | --- | --- | --- | --- |
| 1. **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 :**  **Official Stamp :** | ***(Signature)*** | | | ***(Official Stamp)*** |  | |
| **Date :** |  | | |  |  | |
| 1. **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:**  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:** | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **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** | | |