



Please attach  
a Passport  
Size Photo  
3.5cm\*4.5cm

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

I submit herewith all the relevant documents as above.

.....

Date

.....

Signature of the applicant

# 1. PERSONAL DETAILS

<b>Name in Full</b> <i>(Please fill in block letters and underline the surname):</i>  	
<b>Passport No:</b>	<b>Citizenship:</b>
<b>Date of Birth</b> ( dd/mm/yyyy ):	<b>Country of Birth:</b>
<b>Ethnicity:</b>	<b>Religion:</b>
<b>Marital Status: Single / Married / Divorced / Widowed</b>	<b>Gender: Male / Female</b>
<b>Postal Address:</b>  	
<b>Telephone No:</b> ..... - ..... - ..... <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(country code)</span> <span>(area code)</span> <span>(tel no.)</span> </div> <b>Mobile No</b> : ..... - ..... - ..... <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(country code)</span> <span>(area code)</span> <span>(tel no.)</span> </div>	<b>Fax No:</b>  ..... - ..... - ..... <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(country code)</span> <span>(area code)</span> <span>(tel no.)</span> </div>
<b>E-mail address :</b> .....  <i>(Candidates are strongly advised to provide either a fax no. or an email address to facilitate correspondence)</i>	
<b><u>Details of the Parent/ Guardian:-</u></b>  <b>Name :</b> .....  <b>Relationship (Father/Mother/etc)</b> .....  <b>Occupation / Designation:</b> .....  <b>Residence Address:</b> ..... .....  <b>Office Address:</b> ..... .....  <b>Contact Number/s :</b> .....  <b>E-mail Address</b> : .....	

## 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:** .....

.....

.....

.....

.....

.....

**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		



## 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)

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

(Please put “√” in relevant cage)

<b>Name :</b>	<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth :</b>	<b>PHOTO</b>																																				
<b>Postal address :</b>																																							
<b>Nationality :</b>	<b>Place of Birth :</b>	<b>Blood group:</b>																																					
<p><b>Have you ever had any of the following diseases?</b></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 5%; text-align: center;">No</th> <th style="width: 45%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 5%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Typhus fever</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bacillary dysentery</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Poliomyelitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Brucellosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diphtheria</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Viral hepatitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Scarlet fever</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Typhoid and paratyphoid fever</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Relapsing fever</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Epidemic cerebrospinal meningitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>					Yes	No		Yes	No	Typhus fever	<input type="checkbox"/>	<input type="checkbox"/>	Bacillary dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Brucellosis	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid and paratyphoid fever	<input type="checkbox"/>	<input type="checkbox"/>	Relapsing fever	<input type="checkbox"/>	<input type="checkbox"/>	Epidemic cerebrospinal meningitis	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Other abnormal findings</b>																					
<b>Chest X-ray exam</b>				<b>ECG</b>																	
<b>Laboratory exam for HIV/AIDS</b> (Please attach test report of HIV/AIDS, Syphilis etc)																					
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