

### **Instructions to the applicants for bursaries - Disability Students**

1. All details regarding all sources of income must be mentioned. Information provided by you regarding your income may be verified from relevant officials and the Department of Inland Revenue. Documents relevant to the information sought for in particular under No. 10 A and B of the Application form, regarding the details of annual income of parents , Pension Certificates, Death Certificates, Details of Pension, Income from house, Property and Business enterprises must be attached to the application form.

**(Income from plantation/ land/ property (Indicate whether the property is an own land or tenant farming. Also, in relation to verifying the income from tea plantations, a document should be submitted regarding the annual plantation money received from the tea factory that supplies tea leaves.)**

2. No cage must be left blank or crossed by lines. Where there is no relevant information to be supplied, that must be mentioned. Incomplete forms, applications received later than the due date, **applications not sent through the Grama Niladhari or the Divisional Secretary, will be rejected.**
3. This application must be duly completed and handed over to the Grama Niladhari of the area with the relevant documents to enable him to dispatch it to be received on or before ..... The Grama Niladhari shall (as per cage 19) send it through the Divisional Secretary, as required. As the Bursary form needs to be sent by registered post, a 9" X 4" envelope addressed and stamped to the value of Rs. .... must be handed over to the Grama Niladhari with the application form. The application should not be submitted by hand to the University Under no circumstances.
4. It must be clearly understood that if the university authorities are convinced that the information provided on the application form is false, legal action may be taken against you, or even your internal studentship may be cancelled.
5. All decisions regarding the award of the Bursary, reduction or increase of the Bursary, rejection of the Bursary, or discontinuing are made by the university. Therefore, please note that no requests regarding Bursaries must be made to the University Grants Commission and that such requests will not be responded.
6. **Those who are applying for bursaries must submit the account number and bank code number of a Bank of Ceylon account in your name along with a certification from a bank officer. A form is attached herewith. (Annex No. 02)**

**Application for Bursary  
Disability Students**

**Registration No.**



**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
(Please read this form carefully before starting to fill)

Enter the index number at the A/L Examination  
Relevant to your University Admission



For Office use only

**Important :**

**Course for which the applicant has been selected .....**

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1. Full Name .....  
..... (Rev/Mr/Miss)  
Permanent Address .....  
The area of the Grama Sewa Niladari .....  
Divisional Secretariat Division .....  
District .....
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2. Details of Family

- (a) You shall enter the schooling details of brothers and sisters under 19 years of age and of any brothers/sisters who are clergy.

If required you must be able to present the certified copies of relevant birth certificates.

Name	Date of Birth	Age on 31.12.2025	School/Institution attending
1			
2			
3			

- (b) Details of any brothers/sisters following a course of studies in any University / Institute of Aesthetic Education/Institute of Indigenous Medicine / or any other Institute of Higher Education.

Name	Reg. No.	Inst. Of Higher Education	Course	Academic Year	Whether or not receiving any Bursary for Higher Education/ Mahapola any other Scholarships
1					
2					
3					

(c) Details of any brothers/sisters not entitled under (a) and (b) as above.

	Name	Age		Whether attending School/Employed	Name of School/Institute of Employment
		Years	Months		
1					
2					
3					
4					

3. Details of income tax paid by your mother & father.

Name	Relationship	Income Tax File No.

4. Details if any of Scholarship / Bursary received from any Government Institute / Local government Institute / any other Institute or Association and the sum so received.

.....

5. Income from lands and property (Indicate here whether the property is own land or tenant farming. Also, in relation to verifying the income from tea plantations, a document should be submitted regarding the annual plantation income received from the tea factory that supplying tea leaves.)

Name of owner	Relationship	Place	Nature of crop	Extent of land/Details of property annual income
1				
2				
3				

6. Income from Houses

Name of owner	Relationship	Assessment Number	Householder's Number	Address	Annual Income	Name & Address of Renter/Lease

1. The number of the Grama Seva Niladhari of the area where the above houses are situated .....
2. Divisional Secretariat Division .....
3. Name of the Local Government : .....

7. Complete this section only if you are employed.

Name and address of the institute or Department employed at .....

.....

Position .....

Salary Scale ..... present salary inclusive of all allowances.....

Date of Appointment .....

Letters to the effect that you have resigned or have received study leave from the relevant institute must be attached.

8. Complete this section only if you are married.

Date of Marriage..... (Attach marriage certificate)

Name of spouse: .....

If employed Institute of Employment: .....

Post held: .....

Present Salary (Inclusive of all allowances): .....

9. Citizenship : By Descent / By Registration .....

10. Details about Parents/Guardians (Those presenting Guardians must complete page 15)

**a) Details of Father:**

- 1) Full name: .....
- 2) Whether Living or Not: .....  
(If not living the Death Certificate should be attached)
- 3) If living age: Years: ..... Months: .....
- 4) Occupation of Father: (If not living or if retired, mention occupation prior to the event):  
.....  
(If retired, the Pension Certificate should be attached)
- 5) Place of Employment/(as relevant to 4): .....
- 6) Mention annual income from employment/pension  
(mention the total annual income for the year as at 01<sup>st</sup> January 2025 to 31<sup>st</sup> December 2025)  
Rs. ....

(If employed a statement of the annual salary inclusive of all allowances certified by the Head of the Institute or if retired a statement giving annual pension inclusive of all allowances obtained and certified by the Director Pensions or a letter to the same effect from the provincial Secretary must be attached.)

- 7) Annual income from houses and property: .....
  - 8) Annual income from all other sources.....
  - 9) Total Annual Income from father: .....
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**b) Details of Mother:**

- 1) Full name: .....
- 2) Whether Living or Not: .....  
(If not living the Death Certificate should be attached)
- 3) If living age: Years: ..... Months: .....  
Occupation of Mother: (If not living or if retired, mention occupation prior to the event):  
.....  
(If retired, the Pension Certificate should be attached)
- 4) Place of Employment/(as relevant to 4): .....
- 5) Mention annual income from employment/pension  
(mention the total annual income for the year as at 01<sup>st</sup> January 2025. to 31<sup>st</sup> December 2025)  
Rs. ....

(If employed a statement of the annual salary inclusive of all allowances certified by the Head of the Institute or if retired a statement giving annual pension inclusive of all allowances obtained and certified by the Director Pensions or a letter to the same effect from the Provincial Secretary must be attached.)

- 6) Annual income from houses and property: .....
- 7) Annual income from all other sources :- .....
- 9) Total Annual Income from mother:- .....

11. Total income from both Mother and Father: (Total of income as per 10(a) and (b))  
.....  
(by letter)

12. Details regarding Guardian :

This cage must be filled by those applicants not living with parents or those in orders living away from the tutelages of their parents or applicants living with guardians other than these mentioned.

- 1) Name of Guardian : .....
- 2) Age of Guardian : .....
- 3) Permanent address : .....
- 4) Post is employed : .....
- 5) Annual salary (Certified details of salary should be attached) .....
- 6) Annual income from house and property / temple lands : .....

(A certificate as relevant from the Grama Sewa Niladhari/Divisional Secretary must be attached )

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13. Declaration by the Applicant

I certify that the above particulars are true and correct to the best of my knowledge, and that I do not pay any income tax. Further I affirm that in the event of any of the above being proved false or inaccurate to the University Authorities I am liable to be punished according to clause 4 of the instructions given to the applicants.

Date : .....

.....  
Signature of the Applicant

**14. Instructions to Grama Niladhari and Divisional Secretary**

- (1) Close attention must be paid to the average income of the applicant according to his general situation from house and property, and the details supplied by him/her under 5 and 6 regarding income from property and houses. You have to make declaration with reference to the details provided by the applicant regarding his sisters and brothers, the parental income entered under a and b of 10 above, and the authenticity of the supporting documents and certify them accordingly.
- (2) The application thus certified by you must be forwarded to the Divisional Secretary and under no circumstances must the application should not be handed over to the applicant.
- (3) The Divisional secretary shall certify the application forwarded by Grama Niladhari and send this application by registered post to be received this office on or before .....

A 9"X 4" envelops addressed and stamped to the value of ..... must be given to the Grama Niladhari, by the applicant.

15. Name of the Grama Niladhari .....  
Name of area of the Grama Niladhari .....  
Annual income of parents / Guardian : Rs .....

I have compared the annual income of the parents / Guardian shown in cage 10, 11, 12 or 15, the details of houses and property with the documents presented and I certify them to be correct accordingly to the best of my knowledge and behalf.

Date .....

.....  
Signature & official seal of the Grama Niladhari

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Name of Divisional Secretary : .....

Signature of Divisional Secretary .....

Official seal of the Divisional Secretary .....

Division .....

Post Office .....

Date .....

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### STUDENT DECLARATION

Details of my disability are as follows:

.....  
.....

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Student Name: .....

Registration Number: .....

Signature: .....

Date: .....

**MEDICAL RECOMMENDATION**

1. Nature and type of disability:

.....  
.....

2. Whether the disability is permanent or temporary:

.....

3. Degree/ extent of disability (if applicable):

.....

4. Impact on university studies and daily living:

.....

5. Recommended support services, accommodations or equipment:

.....

Medical Certification:

I certify that the above information is based on my professional assessment of the student.

Name of Medical Practitioner: .....

Designation: .....

Medical Registration Number: .....

Hospital/Institution: .....

Signature: .....

Official Stamp: .....

Date: .....

Senior Asst. Registrar/ Academic & Student Services,  
Sabaragamuwa University of Sri Lanka  
P.O. Box 02  
Belihuloya.

Annex 01

Employed parents are required to submit their annual income as per the (Gross Salary) format provided herewith.

Name of Employer - .....

Name of employee - .....

Emp No - .....

Annual salary of the concerned officer from ..... to .....

Month	Basic Salary	Allowances	Gross Salary
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

.....  
Employers signature with the seal.



**SABARAGAMUWA UNIVERSTIY OF SRI LANKA**

Faculty : .....

Student Registration No : .....

Name : .....

Bank : Bank of Ceylon

Branch (BOC) : .....

Branch Code : .....

Account No : .....

**Banking Bursaries**

Please be good enough to credit my bursary installment for this academic year to my above mention account number.

I declare that the above information is true.

Date .....

.....  
Signature