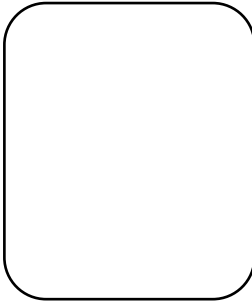




University of Vavuniya

PERSONAL DATA OF STUDENTS

Student Admission for the Academic Year 2021/2022



01. ENROLMENT NO:-.....

02. NAME

i. Title:- Rev. Mr. Mrs. Miss.

(Others please specify)

ii. Name with initials :-

iii. Name denoted by the initials:-

03. ADDRESS

i. Permanent Address :-.....
.....
.....

ii. Province :-.....

iii. District :-.....

iv. Divisional Secretariat :-.....

v. National Identity Card No :-.....

vi. Mobile No :-.....

vii. Email Address :-.....

04. EDUCATIONAL QUALIFICATIONS

- i. Year of the G.C.E(A/L) Examination :-.....
- ii. Index No Of the G.C.E(A/L) Examination:-.....
- iii. Average Z Score :-.....
- iv. G.C.E A/L Examination Results :-.....
.....
.....

05. DETAILS OF CITIZENSHIP

- i. Race Sinhala Tamil Muslim others

(PI Specify).....

- ii. Gender Male Female

- iii. Civil Status Single Married

- iv. Religion :-.....

- v. Date of Birth

- vi. Age :-.....

- vii. Citizenship Sri Lankan Foreigner

(If foreigner please mention the name of the country).....

(If Sri Lankan)

By Descent

By Registration

06. DETAILS OF PARENTS/ GUARDIAN

- i. Name of father/Mother/Guardian :-.....
.....
.....
- ii. Occupation :-.....
- iii. Address of the place work :-.....
.....
.....
- iv. Telephone No :-.....

07. Details of the person to be informed in case of an Emergency:

Name :-.....
.....

Relationship :-.....

Address :-.....
.....
.....

Contact No :-.....

DECLARATION

I.....Declare that I shall abide by the statues, By Laws, Regulations and rules the University of Vavuniya so far as they are applicable to me, pay due respect to the Teachers, Officers and other employees, of the University conduct myself in a manner which will in on way be prejudicial to the good name of the University. I am also aware that if I fail to adhere to the terms of the declaration, I will be liable to expel from the University or for other disciplinary action.

I hereby declare that I agree to accept and conduct myself according to the laws in the “Prohibition of Ragging and other forms of violence in Educational Institutions Act No.20 of 1998. In addition, I shall at all times refrain from encouraging such undesirable activities,

Further, I declare that the particulars given in the application are true and correct to the best of my knowledge. I am aware that the University has the right to cancel my registration if any information given above is the found to be incorrect.

Signature of the Attestation :-.....

Date :-.....

ATTESTATION

I hereby certify that this application, who is known to me personally, has furnished all information relevant to this enrolment form correctly and that he/she signed this application in my presence.

Name of the Justice of Peace/ Commissioner for Oaths/ Principal of the School of the applicant:
.....

Signature of the Justice of Peace/ Commissioner for Oaths/ Principal of the School:
.....

Official stamp of the Justice of Peace/ Commissioner for Oaths/ Principal of the applicant:
.....

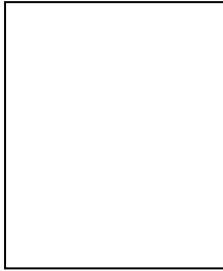
Contact No:.....

Date :.....

A₂ -Application for student's ID

Application for Student's Identity Card

Faculty of Applied Science/ Faculty of Business Studies/ Faculty of Technological Studies
University of Vavuniya,
Sri Lanka.
Student's Identity Card



Name with initials :Rev/Mr/Ms.....

(Write in capital English letters)

Enrolment. No :

NIC No :

Address :
.....
.....

Student's Signature

Date

A₃ - Student Information Sheet



வவுனியாப் பல்கலைக்கழகம், திருநங்கை
වවුනියා විශ්වවිද්‍යාලය, ශ්‍රී ලංකාව
UNIVERSITY OF VAVUNIYA, SRI LANKA



Student Information Sheet

1. Academic Year: -
2. Enrolment No: -
3. Name with Initial: -
4. Name donated by Initial: -
5. Faculty: -
6. Course of Study: -
7. Date of Birth: - N.I.C.NO.
8. Permanent Address: -
9. Contact Address: -
10. Telephone No: - Mobile No: -

I have carefully read and fully understood the law 'Prohibition' of ragging and other form of Violence in Educational Institution Act N 20 of 1998 and Common Guidelines on Student discipline.

I hereby undertake that.

- I won't indulge in any behaviour or act that may come under the definition of ragging.
- I won't participate in or abet or propagate ragging in any other form.
- I won't hurt anyone physically or psychologically or cause any other harm.

I hereby agree that if found guilty of any form of ragging, I may be punished as per the law enforced and by-law of the University.

.....
Signature of the Student.

Other Remarks:-

A₄ -Declaration

DECLARATION BY THE INTERNAL STUDENT ADMITTED TO THE UNIVERSITY OF VAVUNIYA

1. I.....have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act, No 20 of 1998 and the Commission Circular No: 919 Of 15th January, 2010.
2. I hereby undertake that;
 - 2.1 I will not indulge in any behaviour or act that may come under the definition of ragging.
 - 2.2 I will not participate in or abet or propagate ragging in any form.
 - 2.3 I will not hurt anyone physically or psychologically or cause any other harm.
3. I hereby agree that if found guilty of any form of ragging, I may be punished as per the law enforced and by-laws of the University.
signed this on the day of the month of.....in the year.....

.....
Signature of the student

Name :.....
Enrolment No :.....
Address :.....

UNDERTAKING BY THE PARENT/GUARDIAN

1. Ihave carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and Other Forms of Violence in Educational institutions Act, No 20 of 1998 and the Commission Circular No: 919 of 15th January, 2010.
2. I assure you that my son/ daughter/ ward will not indulge in any form of ragging.
3. I hereby agree that if he or she is found guilty of any form of ragging, he or she may be punished as per the law enforced and by-laws of the University.

.....
Signature of the Parent or the Guardian

.....
Date

Name :.....
 NIC. No:.....
 Relationship to the student.....
 Address:.....

University of Vavuniya
Recording Experiences in Games and Athletics

- 1. Name with Initial : -.....
- 2. Name Denoted by the Initials : -.....
.....
- 3. Enrolment No : -.....
- 4. Permanent Address : -.....
.....
.....
- 5. Contact
Home: -.....
Mobile: -.....
Email : -.....
- 6. National I.C No : -.....

School Level / Club Level Sports Experience.

<u>Games</u>	<u>Year</u>
01).....
02).....
03).....
04).....

<u>Athletics Event</u>	<u>Year</u>	<u>Performance</u>
01)
02)
03)
04)

8. Any other Relevant Experiences: -.....
.....

I do hereby declare that the information given here is true and correct to the best of my knowledge.

.....
Date

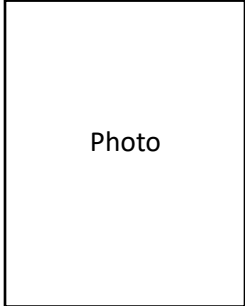
.....
Signature of Applicant

A₆ -Hostel Accommodation

University of Vavuniya

APPLICATION FOR HOSTEL ACCOMMODATION

Academic Year 2021/2022



Enrolment No:.....

1. (a) Name with initial: Rev/Mr/Mrs/Miss:.....
.....

(b) Name Denoted by the initials:.....

2. (a)Sex :..... (b) Race :.....

3. (a)Date of Birth :..... (b) N.I.C No:.....

4. Hand Phone No :.....

5. E-Mail Address :.....

6. (a) Permanent residential address:.....

.....
.....
.....

(b) 1. Province:.....

2. District :.....

3. Divisional Secretariat:.....

4. Distance from residence to University of Vavuniya:.....KM

(C) Residential Telephone No:.....

7. Are you a differently abled person? Yes/No

If so, details of the sickness:.....

8. Details of the person to be informed incase of an emergency

Name :.....

Relationship :.....

Contact No :.....

9. On admission to the hostel, I accept the hostel rules and regulations applicable to the student of the campus and also I hereby declare that, upon admission to the hostel, I give my consent, the amount equivalent to the replacement value plus 25% of such value for the damage/ loss of items which are provide for my use in the hostel/ rent dues from my deposit/ Bursary/ Mahapola.

.....

Signature of the Applicant

OFFICE USE ONLY

Year :.....

Faculty :.....

Name of the Hostel/Place:.....

Distance :..... Points :..... Room No:.....

Previous details of hostel facilities

Year :..... Duration :.....

Remarks :.....

.....

.....

Recommended / Not recommended

.....

Sub-warden/Hostel

The above application is approved /not approved.

.....

Deputy Registrar

Student & Welfare Division

University of Vavuniya
Student Medical Examination Report

Name with Initials :

Initial Denoted Name :

NIC No :

Enrolment No :

**Health history form**

This information is strictly confidential and is for the use of University Health Services. It will not be released to any one without your knowledge and consent.

Please send the completed form directly to the University Medical Officer, Health Centre, University of Vavuniya, Pambaimadu, Vavuniya before coming to the University.

Part I of the form should be completed by the student and **Part II** should be done in a government hospital where facilities are available and it should be signed and stamped. If the University Medical officer needs to examine a student on considering his/ her medical form, he/she should report immediately to the University Medical officer within short notice.

Part I**To be completed by the student.**

Date of birth	Gender	Religion	Civil Status	Age	Nationality	Position of family
Last school attended	Occupation		Number of siblings (Sisters/ Brothers)	Home address and district		
	Father	Mother				

Extra Curricular activities during the school day. Sports / Music/ Dancing/ leadership/ Religious work/ Arts/ none.

Person to notify in case of emergency

Name :

Address :

Telephone No :

Relationship :

Family medical history

Members	Age	Alive/ State of Health	Dead/ age at death	Cause of Death
Father				
Mother				

Brother				
Sister				

Student Medical History

Have you suffered from any of the following?

- Infectious Diseases-** Mumps, Measles, Rubella, chicken pox, Infective Hepatitis, STI, Covid 19, Others.
- Respiratory-** Frequent cold, Hay fever, Asthma, Pneumonia, T.B, Others.
- Circulatory-** Heart Disease, Hypertension.
- E.N.T-** Ear infections, sinusitis, Tonsillitis, Hearing disorders, Others.
- Eye-** Short sight, Long sight, Injuries, Others.
- Nervous system-** Epilepsy, Migraine, Others.
- Surgical-** Fractures, Injuries, Others.
- MISC-** Anemia, Diabetes, Skin disorders, Kidney disease, Mental illness, Alcohol addiction, Others.
- Allergic History-** Drugs/ Food, If any specify
- Menstrual History (For Female only)-** Period –Regular/Irregular, Flow- Slight/ Normal/ Excessive, Pain - Yes/ No)
- Disability-** Do you believe that you have a disability that in any way requires you to receive special consideration from the University.... If so, please indicate the type of disability and give a brief description below.....
.....

12. Immunization

Vaccinations	Date					
BCG						
DPT						
MR/ MMR						
Hepatitis B						
Covid - 19	1 st dose		2 nd dose		Booster	
	Date	Type	Date	Type	Date	Type

--	--	--	--	--	--	--

Please attach a copy of Child Health Record and Covid Vaccination Card.

I certify that the information furnished by me are true and correct.

Date:-

Signature of the Student:

Part II

FOR USE OF MEDICAL OFFICER (to be completed by a M.B.B.S. qualified government doctor):

General medical information.

a. Has the student been successfully vaccinated?

Weight	Height	Circumference of chest	
		Full inspiration	Full expiration
Kg	cm		

1 **Condition of teeth-** Decayed (.....), Missing (.....), Dentures (.....), Gingivitis (.....)

2 **Hearing-** R ear L ear.....
Speech-

3 **Circulation-** Any past history of heart disease?
- Heart sound - - Murmurs -
- Blood pressure - - Pulse -

4 **Respiration**
- Past history of Tuberculosis, Bronchitis or Asthma?
- Special test for tuberculosis - Mantoux test.....
-X-ray chest.....

5 **Nervous Functions-**
- Any traces of convulsion, insanity or inebriety observable?
- Are knee jerks and pupils abnormal?

6 **Examination of Abdomen-**
- Any evidence of enlargement of liver or spleen?.....
- Whether subject to haemorrhoids?
- Hernial Orifices?
- Genitalia?
- Any other abnormalities?

7 **Vision-** without glasses – Rt- With glasses- Rt-
Lt-..... Lt-.....
Color vision- Normal /Blind -Red
Green

8 **Extremities and surface-**

- a. Are there any scars from operations, injuries?
- b. Are there varicose veins of any affection of the skin?.....
- c. Any bone or joint abnormalities?

9 **Clinical Tests-** Blood group & Rh , Hemoglobing/dl

10 Does the student Need referral to a specialist regarding any medical condition?
If so, what is the condition?

.....
.....

I am of opinion that

Mr/Mrs/Miss

Is fit/ not fit for higher studies for the following reason:

.....

Date:

.....
Signature of Medical Officer/ Frank

Date:.....

.....
University Medical Officer

This form should be submitted by **Register Post** to
University Medical Officer, University of Vavuniya, Pampaimadu,
Vavuniya

A₈ -Bursary Application

UNIVERSITY OF VAVUNIYA

APPLICATION FOR STUDENT BURSARY

(Read This Application Form Carefully Before Completing It)

G.C.E A/L Index No

Enrolment Number

Write down your Index No. at the GCE A/L examination on which you Applied for and obtained University Admission in this cage.

--	--	--	--	--	--	--	--	--	--

Your BOC Account Number

IMPORTANT:

It is compulsory that the applicant should personally complete this section. Non Completion of this section will result in the rejection of the application.

Course for which applicant has been selected

Read carefully and complete every question below.

Instructions to applicants:

- i. All sources of income and all details required should be stated. The details of income given by you will be verified from the department of Inland Revenue and other relevant offices. **Documents relating to the details given in cages 12“A” and “B” of this form regarding annual parental income, about relevant salary particulars, certificates of retirement, death certificates, pensions, houses, property and business income, should be annexed to this form.**
- ii. No cage should be left blank or have a line drawn across it. If there is nothing to be stated, this should be mentioned. **Applications that are incomplete or are not received on the due date or are not sent through the Gramaseva Niladhari and Divisional Secretary will be rejected.**
- iii. This Application should be duly completed with necessary documents annexed and submitted to the Gramaseva Niladhari of the division in order that it may be forwarded to reach this office within **two weeks** from the date of registration. It will be forwarded by the Gramaseva Niladhari through the divisional Secretary before the due date as described in No 16. As your application for a bursary will need to be sent under registered post, please submit it to the Gramaseva Niladhari together with a 9” X 4” envelop with Rs. 40.00 stamp affixed to it. **Under no Circumstances should you deliver by hand the certified application form.**

<i>For Office Use Only</i>			
Signature		Income	Amount Approved per Ins.
Checked by			

- iv. It should be clearly understood that if the details given by you in this application form are found to be untrue, you will be punishable by law or may be liable to lose your status as an internal student.
- v. It should also be specially noted that bursaries will only be approved in the course of the first term of the academic year.

1.

Full Name of Applicant: Mr/Miss/Mrs/Rev:

.....

Permanent Address:

.....

Contact Number : Mobile..... Home

NIC No :

Division of the Gramaseva Niladhari:

Division of the Divisional Secretary:

District:

Administrative District from which G.C.E A/L Examination was taken

Write down the distance (to the closest Kilometer) from your permanent Residence (i.e. your home) to the University of Vavuniya (1mile = 1.6km)

02. Details of Family:

State details of school going brothers and sisters / brother priest, under 19 years. Provide certified copies of birth certificates.

Name	Date of Birth	Age as at 1 st January of this year	Name of School/ Institution where Education is being received
.....
.....
.....
.....
.....
.....
.....

03. If you have any brothers or sisters who are following courses of students at any University, the Institute of Aesthetic studies, or the Institute of Indigenous Medicine, fill in the details below for each of them.

Name	G.C.E (A/L) Index No.	Name of Institution of Higher Education at which She/ he is studying	Course	Year of Study	Whether or not She/ He is receiving (Mahapola Scholarship Higher Education Bursary)
.....
.....
.....
.....
.....

04. If your father / Mother/ Unmarried Brother/ Unmarried Sister is an income tax payer, reply the following details.

Name	Relationship	Income tax. File No
.....
.....
.....

05. If you have at any earlier time followed a Course or / obtained a certificate from a University or other Institute of Higher Education, supply the following details:-

Name of institution:

Course	Period of Study	Details regarding student loan/ scholarship Bursary received
.....
.....
.....
.....

06. If you are receiving a scholarship or any other funds from the government or local government authorities or other institution or association, state the amount received and other details.

.....

07. Income derived from estates and cultivated land:

Name of Owner	Relationship	location	Nature of cultivation	Extent of land Description of property	Annual Income Rs.
.....
.....
.....
.....

08. Income derived from Houses:

Name of Owner	Relation ship	Assessme nt No.	Chief House Holder's No.	Address	Annual Income	If rented / leased names and addresses of tenants
.....
.....
.....
.....

- Gramaseva Niladhari's No. of area in which the above houses are situated:
.....
.....
- Regional Secretary's Division:
- Name of Local Government Body:

09. Fill in this section only if you are employed:

Name and address of Institution/ Department where you are employed.....
.....
.....

Post:

Salary Scale:

Salary:

Date of appointment:

You should annex a letter obtained from the Institute/ Department stating you have resigned from your post or will be granted study leave.

10. Fill in this section only if you are married.

Date of marriage:

(annex marriage certificate)

Name of spouse:

If spouse is employed name of institution where she/ he is employed:

Post held:

President salary: (state the monthly salary inclusive of all allowances)

11. Whether you are a Sri Lanka Citizen or not:

12. Details of parents/ Guardians: (Applicants presenting guardians should fill cage 14 in addition to this.)

(a) Details of Father:

(1) Full Name:

(2) Whether living or deceased:
(If deceased, annex death certificate)

(3) If living Age: Years: Months:

(4) Father's Employment:
(If deceased or retired, state occupation prior to death, or retirement)

(5) Address of present / previous employment:

(6) State the full income derived from employment/ pension Rs.....
(Gross annual income from occupation/Pension from 1st January to 31st December 2022)

(If employed, a letter stating the annual salary inclusive of all allowances certified by the Head of the workplace should be annexed. If retired, a letter stating the annual pension inclusive of all allowances, or the full annual windows and orphans pension certified by Director of Pensions or the government Agent should be annexed)

(7) Annual income derived from houses & properties: Rs.....

(8) Annual income derived from all other sources: Rs.....

Father's total annual income: Rs.....

(b) Details of Mother:

(1) Full Name:

(2) Whether living or deceased:

(If deceased, annex death certificate)

(3) If living Age: Years: Months :

(4) Mother's Occupation:

(If deceased, or retired, state occupation prior to death, or retirement)

(If retired, annex certificate of retirement)

(5) Address of present / previous employment:

(6) State the full income derived from employment/ Pension Rs.....

(Gross annual income from occupation/Pension from 1st January to 31st December 2022)

(If employed, a letter stating the annual salary inclusive of all allowances certified by the Head of the workplace should be annexed. If retired, a letter stating the annual pension inclusive of all allowances, or the full annual windows and orphans pension certified by Director of Pensions or the Government agent should be annexed)

(7) Annual income derived from houses & properties: Rs.....

(8) Annual income derived from all other sources: Rs.....

Mother's total annual income: Rs.....

13. Father's and Mother's total annual income: Total income in cages 12 (a) and 12 (b)

Rs.....

14. Details of Guardian

This section should be filled by applicants who do not have parents or obtained applicants who are not in the charge of their parents or by other applicants who present guardians.

(1) Name of Guardian:

(2) Permanent Address:
.....

(3) If employed, post held:

(4) Annual Salary: (annex details of salary)

(5) Annual income derived from houses & properties/ property of temple

(A certificate issued by the Gramaseva Niladhari/ Assistant Government Agent Should be annexed in this connection)

(6) Age:

15. Declaration by applicant:

I hereby certify that the information given above is true and accurate to the best of my knowledge, and that I do not pay income tax. I am also aware that if any information is found to be untrue by the University Authorities, action may be taken against me under clause 4 of the instructions to the applicants on page 1.

Date:

.....

Signature of Applicant

16. Instructions to Gramasevaka Niladhari and Assistant Government Agent

- (1) According to conditions prevailing in the applicant's region, the income that may normally be expected from houses and properties, and the income declared by the applicant in connection with the houses and properties stated in cages 07 and 08, should be carefully considered. The validity of the information given by the applicant regarding his brothers and sisters, the validity of the documents presented by the applicant in support of information given by him/ her in cages 12(a) and 12(b) of the application form regarding the annual parental income, and his/her declaration should all be certified by you.
- (2) The certified application form should be forwarded to the Divisional Secretary of your division. **Under no circumstances and for no reason whatever should be application form be handed to the applicant.**
- (3) The signature of the Gramasevaka Niladhari should be certified by the Divisional Secretary and his application form should be sent under registered cover to reach Assistant Registrar, Student & Welfare Division, University of Vavuniya, Pambaimadu, Vavuniya office within **two weeks** from the date of registration by 9" X 4" envelop with Rs. 40 stamp affixed should be handed by the applicant to the Gramasevaka Niladhari for this purpose.
- (4) Please write the "Application for Bursary" for on the left hand corner of envelop.

17. Name of the Gramasevaka Niladhari:

Number and Division of Gramasevaka Niladhari:.....

I hereby certify that the annual income of the parents/guardians stated in cage 12/13 is Rs..... and that I have compared the documents presented by the applicant with the information given above properly and brothers & Sisters certify that parents of the applicant receive Rs..... as foodstuffs/ Janasaviya do not receive.

.....
.....
To my knowledge, the applicant is eligible to receive bursary/ ineligible to receive bursary due to following reasons.....
.....

Date:

.....
Signature of Gramasevaka Niladhari

Seal of Gramasevaka Niladhari

Name of Divisional Secretary.....

Signature of Divisional Secretary

Division:

Date:

Seal of Divisional Secretary

This form should be submitted by **Register Post** to
Deputy Registrar, Student & Welfare Division, University of Vavuniya,
Pampaimadu, Vavuniya