

# UNIVERSITY OF VAVUNIYA

## APPLICATION FOR PAYMENT OF ALLOWANCE FOR **LOW-INCOME STUDENTS WITH DISABILITIES** STUDYING IN UNIVERSITIES

**(Read This Application Form Carefully Before Completing It)**

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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 .....

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**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 13“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 the application you received. It will be forwarded by the Gramaseva Niladhari through the divisional Secretary before the due date as described in No 18. As your application will need to be sent under registered post, please submit it to the Gramaseva Niladhari together with a 9” X 4” envelop with Rs. 150.00 stamp affixed to it. **Under no Circumstances should you deliver by hand the certified application form.**
- 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.**

<i>For office use only</i>		Type of Disability	Income	Amount Approved per Ins.
Signature				
Checked by				

01.

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

Reg.No.....Name of the Faculty .....

Course of Study.....

Permanent Address: .....

Contact Number: Mobile..... Home .....

NIC No: .....

Division of the Gramaseva Niladhari: .....

Division of the Divisional Secretary: .....

District: .....

**02. Details of Disability of the Applicant**

a) Admitted to the University under the special category of blind / differently-abled candidates:

Yes  No

(If yes, please specify and attach supporting documents.)

**Note: Differently-abled students admitted under the normal selection procedure shall also be considered eligible under this scheme, subject to submission of valid medical certificates confirming their disability.**

b) Nature and Description of Disability: (Briefly describe the condition)

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

**03. 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 <sup>st</sup> January of this year	Name of School/ Institution where Education is being received
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**04.** 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)
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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

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

06. 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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

07. 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.

.....  
 .....

**08. Income derived from estates and cultivated land:**

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

**09. 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
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

1. Gramaseva Niladhari's No. of area in which the above houses are situated:

.....  
 .....

2. Regional Secretary's Division: .....

3. Name of Local Government Body: .....

**10. 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.

**11. 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: .....

Present salary: (state the monthly salary inclusive of all allowances) .....

**12. Whether you are a Sri Lanka Citizen or not: .....**

**13. Details of parents/ Guardians: (Applicants presenting guardians should fill cage 15 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 1<sup>st</sup> January to 31<sup>st</sup> December 2025)

(If employed, a letter starting the annual salary inclusive of all allowances certified by the Head of the workplace should be annexed. If retired, a letter starting 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 1<sup>st</sup> January to 31<sup>st</sup> December 2025)

(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.....

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

Rs.....

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### 15. 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: .....

### 16. 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 2.

Date: .....  
Signature of Applicant

### 17. 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 08 and 09, 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 13(a) and 13(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 Deputy Registrar, Student & Welfare Division, University of Vavuniya, Pambaimadu, Vavuniya office within **two weeks** from the date of Application received by 9" X 4" envelop with Rs. 150 stamp affixed should be handed by the applicant to the Gramasevaka Niladhari for this purpose.
- (4) Please write the "Payment for Disability Students" for on the left-hand corner of envelop.

18. 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 13/14 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/ Aswesuma or do not receive.

Also, I hereby certify that the above student is **disable** as stated in cage 02.

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 **Registered Post** to  
Deputy Registrar, Student & Welfare Division, University of Vavuniya,  
Pampaimadu, Vavuniya