



Please attach
a Passport
Size Photo

**MINISTRY OF HIGHER EDUCATION
SRI LANKA**

**GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS
FOR FOREIGN STUDENTS**

FOR THE ACADEMIC YEAR 2013/14

APPLICATION FORM

Postgraduate

Doctoral	<input type="checkbox"/>
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Masters	<input type="checkbox"/>
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Undergraduate

<input type="checkbox"/>

**Ministry of Higher Education
No.18
Ward Place
Colombo 07
Sri Lanka**

Check List to Applicants

- Each Candidate must submit 4 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 and Passport | <input type="checkbox"/> |
| II. | Certified copy of official evidence of any name change | <input type="checkbox"/> |
| III. | Certified copy of the personal page of applicant's passport | <input type="checkbox"/> |
| IV. | i. Certified copies of the graduation certificates | <input type="checkbox"/> |
| | ii. Certified copies of the post - graduation certificates | <input type="checkbox"/> |
| V. | Certified copies of the academic transcripts | |
| | • G.C.E A/L and G.C.E O/L certificates or their equivalent | <input type="checkbox"/> |
| | - for undergraduate students | |
| | • Graduation and post-graduation transcripts | <input type="checkbox"/> |
| | - for postgraduate students | |
| VI. | Medical Certificate | <input type="checkbox"/> |
| VII. | Security Vetting | <input type="checkbox"/> |
| VIII. | Two Referee reports (preferred from applicant's current employer/former lecturer/academic supervisor) - for postgraduate students | <input type="checkbox"/> |
| IX. | Research proposal – for PhD/MPhil applicants | <input type="checkbox"/> |

I submit herewith all the relevant documents as above.

.....

Date

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Signature of the applicant

1. PERSONAL DETAILS

Name in Full <i>(Please fill in block letters and underline surname):</i>	
Passport No:	Citizenship:
Date of Birth (dd/mm/yyyy):	Country of Birth:
Religion:	Ethnicity:
Marital Status: Single / Married / Divorced / Widowed	Gender: Male / Female
Postal Address:	
Telephone No: - - (country code) (area code) (tel no.) Mobile No : - - (country code) (area code) (tel no.)	Fax No: - - (country code) (area code) (tel no.)
E-mail address <i>(if any):</i> <i>(Candidates are strongly advised to provide either a fax no. or an email address to facilitate correspondence)</i>	
Name of Parent/ Guardian: Relationship: Occupation / Designation: Address :- Residence : Office : Contact Number/s : Email Address :	

2. ACADEMIC QUALIFICATIONS

A. Please State Universities /Institutes/ Schools Attended

Name of University/Institute/ School	From	To	Qualifications Obtained	Medium

B. General Certificate of Education (Advanced Level or Equivalent)

(Only for undergraduate applicants)

Year	Subjects	Grade	Medium	Examination Institution

C. General Certificate of Education (Ordinary Level or Equivalent)

(Only for undergraduate applicants)

Year	Subjects	Grade	Medium	Examination Institution

D. Any Other Qualifications:

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E. Academic Distinctions or Prizes Received:

3. ENGLISH LANGUAGE PROFICIENCY

Give the result/score of any language test taken :
(Enclose certified copies of certificates)

	Score	Year
TOEFL	<input type="text"/>	<input type="text"/>
IELTS	<input type="text"/>	<input type="text"/>
Any other qualification	<input type="text"/>	

4. STATE THE ORDER OF PREFERENCE TO THE COURSE/COURSES OF STUDY WHICH YOU WISH TO FOLLOW AT A UNIVERSITY IN SRI LANKA *(Under no circumstances the order of preference can be changed)*

Se.No	Degree Programme	University
1		
2		
3		
4		

5. APPLICANT'S STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and/ or research you propose to pursue and relate this to your future career plan. *(You may include additional relevant material for which there was insufficient space on this form).*

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Please tick if additional material enclosed

6. EMPLOYMENT EXPERIENCE (If any)

Employer's Name and Address	Position Held	Part-Time/ Full-Time	Dates	
			From	To

7. RESEARCH AND PUBLICATIONS (If any) (Only for postgraduate applicants)

A. Please List Down Completed Research and Publications

Se.No	Name of Research/ Publications	Date Completed

B. Research Proposal

I. Proposed field of study:

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II. Topic for Research:

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➤ Please attach maximum 500 words description of the Research Proposal

Thesis Description enclosed

(Y/N)

8. REFEREES *(Only for postgraduate applicants)*

Please give details of two (2) people who can act as referees to support your application. You should contact them yourself and enclose the references (**Annexure 1**) with the application form to the Ministry of Higher Education. Please include the information of referees using the following box.

Name of Referee	Job Title & Organization	Telephone & Fax	E-mail

9. 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 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 valid reasons.

Date:

Signature:

B. 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 Doctoral/Masters/Bachelors degree offered by the Ministry of Higher Education, Sri Lanka.

Name :

Position :

Signature :

Official Stamp :

Date :

REFEREE REPORT

**GOVERNMENT OF SRI LANKA PRESIDENTIAL SCHOLARSHIPS
FOR FOREIGN STUDENTS – 2013/14**

Assessment on the applicant’s academic ability

1. Applicant’s Name:

- Country:

- Courses Applied:

2. In what capacity do you know the applicant?
(E.g. Teacher, Supervisor, Principal etc).....

3. How long have you known the applicant?

4. Please evaluate the applicant’s performance by putting a” ” in the appropriate spaces below. Extra boxes are available for you to add, if you wish, up to three other qualities which you may find relevant to the assessment of the candidate (E.g. All-round ability, ingenuity, accountability, manual dexterity etc.)

Assessment on:	Excellent	Very Good	Good	Average	Below Average
Academic Record					
English Proficiency					
Creative Thinking					
Research Ability					
Industry/ Application					
Judgement					
Independent					
Honesty					
Motivation					
Self Discipline					

5. Is the applicant’s proficiency in English Language (oral and written) adequate to meet the standard required?
Please comment.

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6. Please give your overall assessment on the applicant's academic ability.

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Referee's Name:

Designation:

Address:

Date:

Signature:

Thank you for your assistance. You may enclose the completed reference letter in a sealed envelope and attach to this application form or you may send the completed form to: Ministry of higher Education, No.18, Ward Place, Colombo, Sri Lanka.

HEALTH CERTIFICATE

(Please put a “√” in relevant cage)

Name :	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth :	PHOTO																																				
Present mailing address:																																							
Nationality :	Birth place:	Blood group:																																					
<p>Have you ever had any of the following diseases?</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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<p>Do you have any of the following diseases or disorders endangering the public order and security?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Toxico mania</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mental confusion</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Psychosis: Manic psychosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Paranoid psychosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Hallucinatory</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>					Yes	No	Toxico mania	<input type="checkbox"/>	<input type="checkbox"/>	Mental confusion	<input type="checkbox"/>	<input type="checkbox"/>	Psychosis: Manic psychosis	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid psychosis	<input type="checkbox"/>	<input type="checkbox"/>	Hallucinatory	<input type="checkbox"/>	<input type="checkbox"/>																		
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Development:	Nourishment:	Neck:																																					
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Ears:	Nose:	Tonsils:																																					
Heart:	Lungs:	Abdomen:																																					

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)																					
<p>None of the following diseases or disorders found during the present examination.</p> <table> <tr> <td>Cholera</td> <td><input type="checkbox"/></td> <td>Venereal Disease</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yellow fever</td> <td><input type="checkbox"/></td> <td>Lung tuberculosis</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Plague</td> <td><input type="checkbox"/></td> <td>HIV/AIDS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Leprosy</td> <td><input type="checkbox"/></td> <td>Psychosis</td> <td><input type="checkbox"/></td> </tr> </table>						Cholera	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	Yellow fever	<input type="checkbox"/>	Lung tuberculosis	<input type="checkbox"/>	Plague	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Leprosy	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>
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Suggestion:			Official Stamp:																		
Signature of the physician:			Date:																		