

**FACULTY OF MEDICINE, UNIVERSITY OF KELANIYA
GUIDELINES FOR MEDICAL STUDENTS' BENEFIT FUND**

Standard operating procedure

Approval requires submission of a duly filled application form (Annexure 1), followed by an interview with none less than 2 of the members of the committee for prioritizing of the scholarships.

Once approval is granted, a priority list is made of the most deserving of students.

Two signatories comprising of the incumbent Dean and the committee members may make standing orders to deposit funds to the accounts of the students selected.

Each month such students selected would receive Rs. 5000.00

Students would cease to receive scholarship funds once they complete their final examination.

All rules and regulations pertaining to the Mahapola fund will be applicable to this scholarship benefit fund as well.

All disciplinary rules and regulations applicable to all undergraduate students of the Faculty of Medicine will be applicable to students receiving this scholarship as well.

If found guilty of breaking any rules of the university or Faculty of Medicine by a disciplinary committee, they would forfeit all benefits of the scholarship fund.

Annexure 1



UNIVERSITY OF KELANIYA, SRI LANKA
Faculty of Medicine

PO Box 6, Thalagolla Road, Ragama, Sri Lanka
Phone +94112961192 Fax +94112958138



Application for Scholarship / financial assistance

1	Name					Age	
2	Student Number						
3	Home address						
4	Contact Number						
5	Email						
6	If Boarded Address of boarding						
7	Results of exams	Exam	Results	Exam	Results		
		CA1		CA7			
		CA2		Unit 3A			
		CA3		Unit 3B			
		CA4		Unit 3C			
		Unit 1		Classes			
		Unit 2		CA8			
		Classes		CA9			
		CA5		CA 10			
		CA6					
8	Expenses / month	Food	Boarding	Travelling	Medical		
9	Other Expenses	Photocopy	Data	Phone bills	Other		
10	How much can your family provide for you each month?						
11	How much do you receive from other scholarships?						
	Mahapola		Bursary		Other		
12	Occupation of father -						
13	Mother's monthly income with occupation -						

14	Details of siblings				
	Brothers/Sisters	Age	Occupation	Marital status	Income
15	Total family income				
16	Student's bank account details				
	Account Number	Bank		Branch	
17	Write in your own words the reasons or justification for requesting this financial assistance.				
18.	I certify that the above details are true.				
	Signature				
	date				