

**Dr. Dilushi Sandaken Hettiarachchi Sports Scholarship
Application**

Full Name:

Student Number:

Address:

Contact details

Mobile No:	Email Address:
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Grama Niladhari Administration Division:

Divisional Secretariat office:

Year of Study (Applicable to Batch 32 only)

Sports achievements

Name of the Sport	Academic year	Achievements

Results of 1st Examination for Medical Degree (1st attempt)

Subject	Grade

Please attach a copy of prof document

Financial Status

Scholarships:

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Other Support:

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Details about family members and their annual income:

Relationship to applicant	Age	Occupation	Annual Income
Father			
Mother			
Brother(s)			
Sister(s)			

I hereby certify that the abovementioned information is true and accurate to best of my knowledge.

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date

signature (applicant)

I hereby certify that I know applicant very well and the information given in the application is true and accurate.

date

signature (Grama Niladhari)

Recommendation from the Dean, Faculty of Medicine:

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date

signature