**Faculty of Medicine, University of Kelaniya**

**Faculty Awards for Outstanding Students in the BSc SHS Programme – 2019/20**

**Award applied for:** Faculty Award/ FEAT *(Please circle as appropriate)*

**Full Name of student:**

**Faculty Student Registration No:**

**Current Year of Study:** 1 / 2 /3 / 4 *(Please circle as appropriate)*

**Your GPA:** Year 1:……………

 Year 2:……………

 Year 3:…………..

 Year 4:…………..

|  |  |  |
| --- | --- | --- |
| **Area of Consideration** *(Please read the criteria described in* ***Annex 1*** *of the Notice Calling for Applications)* | **Achievement/ s** | **Year** |
| 1. **Leadership of a recognized Body**
 |  |  |
| 1. **Community Service and Good Citizenship**
 |  |  |
| 1. **Outstanding Talents in Sports**
 |  |  |
| 1. **Creativity and Exceptional Ability in Aesthetic or Technical Fields**
 |  |  |
| 1. **Research or pursuing new knowledge**
 |  |  |

**Please furnish evidence for above mentioned achievements-**

(This may be documentary evidence, detailed account or personal reflection or narrative with references and they will have to be certified true by mentor/ academic staff member)

I certify that the above information is accurate.

**Name of applicant / nominator:**

**Signature of applicant / nominator:**

**Date:**

I certify that I have checked the documentary evidence provided by the student and that they are true copies of submitted evidence.

**Name of faculty advisor/ mentor:**

**Signature of faculty advisor/ mentor:**

**Date:**

***(Please note: If you are an academic staff member nominating a student for an award then you do not need to sign in the section titled faculty advisor/mentor, but you will need to provide copies of documents obtained from student)***