## SRI LANKA LAW COLLEGE

(Name of the Scholarship)

## SCHOLARSHIP APPLICATION FOR THE YEAR \_\_\_\_\_

1.	Full Name of the Applicant :- (Mr./Mrs./Ms.)						
2.							
3.							
4.	Age						
5. I. Law College Registration No.:-  II. Year you entered the Law College: -							
	IV. Entrance Examination	on Marks and Year :					
6. Results of the Preliminary /Intermediate Year Examinations							
Ī	Year	Examination	Results	Average			
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7.	Permanent Address :-						
8.	Contact Telephone Number:-						
9.	Name of the Father/Guardian:-						
10. Nature of his employment :-  Annual Income:- Rs.							
	Nature of employment:						
	Annual Income:- Rs.						
11.	1. Other sources of annual income:-						

12.	Names	of Brothers	and Sisters	under 21	years of age:-

Names of Brothers and Sisters under 21 year	s of age:-	
Name in full	Age	If studying, Present School / University

I certify that the particulars mentioned here are true and correct.						
Date		Signature of the applicant				
Name of Grama Niladhari certifying income:-						
Name of Divisional Secretary /Add. Divisional Secretary :-						
Address of D.S.'s/A.D.S.'s Office:-						
Signature of D.S. / A.D.S. :-						
Rubber Stamp of D.S. /A.D.S. :-						
For official use only						