



**MINISTRY OF HIGHER EDUCATION & HIGHWAYS
SRI LANKA**

**Scholarships under Education Cooperation between
Sri Lanka and Indonesia**

FOR THE ACADEMIC YEAR 2017/2018

APPLICATION FORM

Ministry of Higher Education and Highways

No.18, Ward Place

Colombo 07

Sri Lanka

<http://mohe.gov.lk/images/pdf/fulldocument-finalindonesiafinal.pdf>

Photograph



Ministry of Higher Education & Highways

**APPLICATION FOR
Scholarships under Education Cooperation between
Sri Lanka and Indonesia**

ACADEMIC YEAR 2017/2018

This form should be completed and sent through the Sri Lankan Embassy in Indonesia (along with the supporting documentation as required) to the Secretary/Ministry of Higher Education & Highways, No: 18, Ward Place, Colombo 07, Sri Lanka on or before 30.04.2018.

1. PERSONAL DETAILS (In BLOCK Capitals)											
N.B.: Certified copies of the relevant pages of your passports/birth certificate/citizenship certificate/NIC should be attached.											
Full Name:											
Name with initials:											
Title (Rev, Mr, Miss, Mrs):											
Date of Birth:		DD:	MM:	YYYY:	Age (as at 30 th April 2018):			DD:	MM:	YY:	
Sex (✓)	Male:		Female:		Citizenship (✓)	Single:		Dual:			
NIC Number				Date Citizenship obtained				DD:	MM:	YYYY:	
Passport Number:		Civil Status (✓)		Married:	Unmarried:	Nationality:					
2. CONTACT DETAILS (In BLOCK Capitals)											
Address of the Permanent Residence:				Address for correspondence:				Sri Lankan Address (if any)			
				Local:							
Postcode:				Postcode:				Postcode:			
Tel:				Tel:				Tel:			
Mobile:				Mobile:				Mobile:			
Fax:				Fax:				Fax:			
Email:				Email:				Email:			
3. PARENT'S/GURDIAN'S DETAILS											
Father's name:											
Occupation:											
Contact Details:				Tel:	Local						
					Sri Lankan (if any)						
Mobile:				Email:				Passport Number:			
Mother's name:											
Occupation:											
Contact Details:				Tel:	Local						
					Sri Lankan (if any)						
Mobile:				Email:				Passport Number:			
Guardians' name:											
Occupation:											
Contact Details:				Tel:	Local						

Order of Preference of the Courses of Study		Order of Preference of the Uni-codes										
		1	2	3	4	5	6	7	8	9	10	11
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

9. REFEREES

Give the details of two persons of good standing in your country who could, from their personal knowledge, testify to your character, academic background and capacity to undertake further studies

Referee 01

Name

Designation

Address

Tel:

Email:

Referee 02

Name

Designation

Address

Tel:

Email:

If you know of any Sri Lankan citizen permanently residing in Sri Lanka who could act as your referee

Name

Designation

Address

Tel:

Email:

10. APPLICANT'S STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and how this relates to your future career plan.
(You may use additional sheet/s of paper if space provided is insufficient).

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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 border="0"> <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"/>
Cholera	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>																
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Plague	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>																
Leprosy	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>																
Suggestion: 																			
Signature of the physician		 																	
Date	 	Official Stamp																	

II. DECLARATION			
<p>I hereby certify that all the statements made on this application and in the attached documents are true and correct. I have read and understood 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 approval of the Ministry of Higher Education Highways, Sri Lanka.</p>			
Date :		Signature of the Applicant:	
Name :		Sex:	Date of Birth :
OFFICIAL DECLARATION (To be completed by the nominating authority)		Male <input type="checkbox"/>	PHOTO
		Female <input type="checkbox"/>	
Postal address :			
Name of the Country :		Name of the Nominating Agency:	
Nationality / Mr./Ms.		Place of Birth :	Level of Bachelor's degree offered by the Ministry of Higher Education and Highways, Sri Lanka.
Name	Have you ever had any of the following diseases?		Position
	Yes	No	
Signature:			Yes
			No
Cholera	<input type="checkbox"/>	<input type="checkbox"/>	Bacillary dysentery
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Brucellosis
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Viral hepatitis
Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid and paratyphoid fever
Relapsing fever	<input type="checkbox"/>	<input type="checkbox"/>	Epidemic cerebrospinal meningitis
<p>12. Note: Failure to send all required documents along with the application form will result in rejection of the application. Therefore, make sure that you have submitted the following documents as required along with your application;</p>			
<p>Application have any of the following diseases or disorders endangering the public order and security?</p>			
<input checked="" type="checkbox"/> Copies of the educational certificate and the statement of results certified by the relevant Examinations Board Toxic mania		Yes	No
<input checked="" type="checkbox"/> Mental certificate obtained from the Examinations Board in accordance with regard to equivalence of the qualifying examination to Sri Lankan Advanced Level or it is the examination required to enter into a university in your own country. Psychosis: Manic psychosis		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certified copies of the School Leaving Certificate of the candidate of the candidate. Paranoid psychosis		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hallucinatory Certified copy of the Birth Certificate/National Identity Card/Citizenship Certificate of the candidate.		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Height:	<input type="checkbox"/> Certified copies of the Birth Certificates of parents.	<input type="checkbox"/> Weight:	<input type="checkbox"/> Blood pressure:
	kg		mmHg
Development:		Nourishment:	
Vision:		Corrected vision:	
Colour sense:		Skin:	
Ears:		Nose:	
Heart:		Lungs:	
		HEALTH CERTIFICATE	
		Abdomen:	
(Please put "✓" in relevant cage)			

	Sri Lankan (if any)	
Mobile	Email:	Passport Number:

N.B : All applicants should attach following documents;

- I Certified copies of the Passport of the candidate
- II Certified copies of the Citizenship Certificates of the candidate
- III Certified copy of the Birth Certificate/National Identity Card
- IV Certified copies of the School Leaving Certificates of the candidate
- V Certified copies of the Birth Certificates of the Parents

4. EDUCATIONAL QUALIFICATIONS

Educational qualifications in reverse chronological order

N.B : All applicants should attach to their applications, certified copies of the educational certificate and the statement of results of their qualifying examination. The copy of the certificate and the statement of results should be certified by the relevant Examinations Board which conducted the examination concerned. (Photocopies of the certificates will not be considered for evaluation and result in rejection of the application)

Year (In reverse chronological order)	Month	Qualifying Examination	Index No/ Unique Candidate Identifier	Awarding Body	Subjects offered and Grades obtained	Name of the School	Final Certificate Level/ Qualification Awarded

5. ENGLISH LANGUAGE PROFICIENCY

Applicants whose primary language is not English or whose previous education has not been in English must provide evidence of proficiency in English (i.e. achieve a minimum score of 525 on the TOEFL or achieve a minimum score of 6.5 on IELTS)
(Enclose certified copies of certificates)

Please list down your English Language Qualifications with results obtained.

English Qualification	Results/Score	Passing Year

6. FOR CANDIDATES WITH HIGH SCHOOL DIPLOMA

Candidates with High School Diploma should have passed the Scholastic Aptitude Test(SAT)

Score of the Scholastic Aptitude Test:	Passing Year:
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7.

OTHER QUALIFICATIONS

Any other relevant qualifications gained by you:	
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B. COURSES OF STUDY & UNI-CODES

A unique code has been given to each individual course of study of a particular university /campus / institute. This unique code is referred to as a "Uni-Code". Indicate downwards the order of preference of the course/courses of study and the order of preference of the "Uni-codes" for those courses of study across. [Ex: Biological Science - 006A 006B 006C 006 D](Please refer page no 63 of the document for the mapping tables of the Uni-codes)Note: Under no circumstances the order of preference can be changed.