Note: Please fill all cages correctly. Incomplete forms will not be considered.

MAHAPOLA HIGHER EDUCATIONAL SCHOLARSHIP

Secretary,

Mahapola Higher Education Scholarship Trust Fund, Through; Vice Chancellor, The Open University of Sri Lanka 01. Name in Full: Name with Initials: ______ 03. Female/Male: 04. Date of Birth: ______ Specimen Signature: 05. 06. Course: Academic Year of Admission: 07. Present Course Level: 08. Registered Number: Contact no: ______ 09. District: Electorate: (Student Registered in the Open University) 10. Divisional Secretariat: Closer Town: Permanent Address: 11. ______ 12. G.C.E.(A/L) Index No: Year: Marks: ______ 13. National Identity Card No: 14. According to conditions for the Mahapola Trust fund, I (Write "Accept or do not accept" the Mahapola Scholarship) I certify that the above information is correct. I am following the above course. No employments or no income from income generation activities belongs to my family, since financial assistance is required for my above – mentioned studies. Yours faithfully, Scholarship Recipient's Signature Date