



THE CEYLON MUSLIM SCHOLARSHIP FUND

(Incorporated by Act of Parliament No 19 of 1946)

97/1, Galle Road, Dehiwala. Tel: 011 2733251 Email: cmsf1945@gmail.com

Incorporated by Ordinance
No. 19 of 1946

APPLICATION FOR ASSISTANCE

NOTES:

1. This application must be filled in **English and in capital letters**, giving a full and true disclosure of the information sought.
2. Giving false information may result in either cancellation of application already approved or termination of assistance.
3. Wherever necessary, copies of relevant Certificates must be attached. Such documents will not be returned
4. If space is insufficient, you may attach additional sheets of paper
5. Duly Completed Applications should reach The Honorary Secretary, The Ceylon Muslim Scholarship Fund, 97/1, Galle Road, Dehiwala.

FOR OFFICE USE (Please leave this space blank)

(A) APPLICANT'S INFORMATION

1.	Full Name:											NIC No:										
2.	Age:	Sex:	M	F	Date of Birth:	DL	MM	YYYY	Birth Place:													
3.	Permanent Address:											Tel No:										
												Mobile No:										
												Email:										
	Home Town:						District:						Province:									
	Current Address:											Tel No:										
												Mobile No:										
												Email:										
4.	Name and Permanent Addresses of two close relatives (not parents or guardians):																					
	Name:											NIC No:										
	Address:											Tel No:										
												Mobile No:										
												Email:										
	Occupation:											Relationship:										
	Name:											NIC No:										
	Address:											Tel No:										
												Mobile No:										
												Email:										
	Occupation:											Relationship:										

(B) EDUCATION						
5. Education Completed: Names and Addresses of Schools and District:						
	Name and Address of School		District	Medium of Instruction		
6. Details of Results obtained (*Attach copies of results)						
a) G.C.E (Ordinary Level) Results:						
	No.	Subject (*Include Failures)	Grade	Month/Year	Index No.	
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
b) G.C.E (Advanced Level) Results:						
	No	Subject (*Include Failures)	Grade	Month/Year	Index No.	
	1					
	2					
	3					
	4					
	5					
	6					
c) Aggregate Marks:						
		1 st Sitting		2 nd Sitting		3 rd Sitting
		Year/Month:		Year/Month:		Year/Month:
		Z Score:		Z Score:		Z Score:
d) District cut-off marks for University Admission:						
		1 st Sitting		2 nd Sitting		3 rd Sitting
7. University/Higher Educational Institution						
a) Name of University/ Higher Educational Institution:						
b) Course of Study:						
					c) Duration:	Years
d) Commencement date(Month/Year):				Expected completion date(Month/Year):		
e) The profession intended:						
8. Any other educational attainments:						
9. Are you following any other course of study or do you intend to follow:						

10.	Any special aptitude of the applicant and evidence thereof:
11.	Religious instruction already received:
12.	Religious instructions now receiving:

(C) EMPLOYMENT AND EXTRA CURRICULAR ACTIVITIES

13. Are you or have you ever been employed even on a casual basis. If so, state the nature of employment and monthly income:

	Details of Employment	From	To	Monthly Income
1				
2				

14. Particulars of Extra Curricular Activities:

	Sports	Social Services	Religious Activities

(D) ADDITIONAL INFORMATION

15.

a) Are you provided with any residential or other accommodation by the University/ Higher Educational Institution? If so, state the monthly charges: Rs.

b) If not, do you pay any rent for your place of lodging? If so, state the rental and to whom paid:

Monthly Rental	To whom Paid
Rs.	

c) Distance from your place of lodging to the University/Higher Educational Institution: Km

16. Expenses (**Please Show Computation*)

Food	Rs	Books	Rs
Stationery	Rs	Clothing	Rs
Travelling	Rs.	Others	Rs
TOTAL		Rs	

17. Are you in receipt of any Scholarship/ Assistance from any governmental or non-governmental organization or from individuals and if so, state the monthly sum received:

	Nature of Scholarship/ Financial/ Other Assistance	Monthly Amount
1	Mahapola	
2	Bursary	
3	Sri Lanka Islamic Centre – IDB	
4	Al- Agil Scholarship Fund	
5	Jameathu Ansaris Sunnathil Mommadiyya	
6	Amana Investments Ltd – through Baithulmal Fund	
7	World Islamic Call Society	
8	Serendib Scholarship Fund	
9	The Furkhan Foundation	
10	Others	

18.	Any further particulars the applicant wishes to add in support of this application:							
(E) FAMILY INFORMATION								
19.	Family Particulars:							
		Father/ Guardian				Mother		
	Name:							
	Age:							
	Occupation:							
	Monthly Income:							
	Other Income per month							
20.	If the father is not the guardian, the reason therefore:							
21.	If guardian, the relationship to the applicant:							
22.	Other Members in the family:							
		Name	Age	Sex	Relationship	Marital Status	Occupation	Monthly Income
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
23.	Does the applicant, his/her parents or any members of the family own any immovable property? If so, please furnish details:							
		Address of property		Extent	House/Agriculture/Business		Income per month	
	1							
	2							
	3							
24.	Details of movable properties such as vehicles (Cars, Lorries, Buses, Vans, etc...) and agricultural machinery (Tractors, Water pumps, Hulling machines, etc...):							
		Nature of Property					Income per month	
	1							
	2							
	3							
25.	Total monthly income of your family:					Rs.		
26.	Is the house occupied by your parents/family, your own or rented?							
	If rented, state monthly amount paid:					Rs.		

(F) AGREEMENT

27. I
of..... hereby solemnly, sincerely and truly declare and affirm that the particulars furnished by me in this application form are true and correct to the best of my knowledge and belief. If any particulars are found incorrect, I am aware that I am liable to be disqualified before or after selection. I also hereby agree that I shall refund the full amount to the Ceylon Muslim Scholarship Fund, in full or in reasonable installments after my completion of study. I undertake to submit to the Fund a quarterly progress report of my studies duly certified by the Head of the Faculty. I shall Keep the Fund informed of any progress and change of circumstances at all times.

.....
Date

.....
Applicant's Signature

28. We, the undersigned agree to be sureties for this application and will guarantee repayment if the applicant fails to do so.

	1	2
Name:		
Address:		
Occupation:		
Telephone No:		
Mobile No:		
Email :		
NIC No:		
Income Tax Payer:	Yes/No	Yes/No
Signature		

29. I certify that the applicant is a member of the Jama'ath in the area of..... and is of good character, regular in Salaath and obedient to his/her parents

.....
Date

.....
Chief Trustee/ Imam of the Mosque with the official Seal

30.	We and.....do hereby declare that what is stated herein before is true to the best of our knowledge and belief and we are also aware that furnishing false information could result in the termination of the Assistance	
 Applicant's Signature Signature of father/ guardian
	This day of 20	
31.	The foregoing affidavit having been read over and truly interpreted to the affirmants by me and they appearing to understand the contents thereof, the same was affirmed to and signed at on this day of 20.....	
	BEFORE ME	
 J P/ Commissioner of Oaths	Here Rs. 10/= Stamps to be Affixed and Signed by the Applicant & Guardian
<p>You may provide any additional information in support of your application.</p>		