



INSTITUTE OF CERTIFIED MANAGEMENT ACCOUNTANTS OF SRI LANKA SCHOLARSHIP APPLICATION

PERSONAL DATA

1. Name with Initials:

2. Address:

3. Registration No:

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4. Educational Qualification:
(Indicate only the highest examination passed & the year of exam)

5. Professional Qualification including part qualifications & year of exam:

CATEGORY OF SCHOLARSHIP

6. Category of the Scholarship applied for :

EDUCATIONAL QUALIFICATIONS

7. Performance at G.C.E. O/L Examination

Year	Index No
Subject	Grading

8. Performance at G.C.E. A/L Examination

Year	Index No
Subject	Grading

9. Performance at University Examinations:

University:	
Examination:	

Year		Year	
Subject	Grading	Subject	Grading

Year		Year	
Subject	Grading	Subject	Grading

Year of Completion:	
Level of Performance:	

PROFESSIONAL QUALIFICATION

10. Part Qualifications Obtained:

Qualification	Stage/Part	Subject	Grade	Year

11. Membership of Professional Institutes:

Institute	Membership	Year Admitted

SPECIAL ACHIEVMENTS

12.

EMPLOYMENT

13. Designation:	
14. Employer:	
15. Employer's Address:	
16. Brief Description of Present Duties: (Describe in 15 to 20 words)	

17.

Position Held	Employer	From	To

18. Details of Past Experience (Describe in 40 to 50 words)

DECLARATION

19. I hereby certify that the information given by me in this application is true and correct. Photocopies of all relevant certificates / results sheets are attached.

Date

.....
Signature of Applicant
Official Stamp

ATTESTATION

I certify that the above named.....year student ofis following ayear course of study in
I recommend this applicant for one of the Scholarships for Undergraduates.

Date

.....
Signature of Attestor
Official Stamp

Name of Attestor:	
Designation:	
Department:	
University:	
Address:	