

(08). දුරකථන අංක/ தொலைபேசி இலக்கம் /Telephone Number :-..

නිවස /வதிவிடம் / Residence:-..... කාර්යාලය/ அலுவலகம் / Office :-.....

ජංගම/ கையடக்கத் தொலைபேசி / Mobile :-.....

.....
දිනය/திகதி/ Date

.....
සාමාජිකත්වය දරන්නාගේ (මව/ පියා/භාරකරු). අත්සන
அங்கத்தவரின் கையொப்பம் /Signature of Member

2 කොටස / பகுதி – 2 /PART (II) :-

ශ්‍රේණිය/ශ්‍රේණිය ශ්‍රේණිව විභාගයට පෙනී සිටි පාසලේ විදුහල්පති විසින් සම්පූර්ණ කළයුතුයි
5ஆம் ஆண்டு புலமைப்பரிசில் பரீட்சைக்கு தோற்றிய பாடசாலையின் அதிபரினால் பூர்த்திசெய்யப்படுதல் வேண்டும்.
To be filled by the principal of the school where the applicant sat the year 5 scholarship exam

(01) 2017 වර්ෂයේ 5 වසර ශ්‍රේණිව විභාගය සඳහා ඉදිරිපත් වූ පාසලේ නම සහ ලිපිනය /2017 ஆம் ஆண்டு 5ஆம் ஆண்டு புலமைப்பரிசில் பரீட்சைக்கு தோற்றிய பாடசாலையின் பெயரும் முகவரியும் / Name and address of school where the applicant sat the year 5 Examination in 2017

(02) i. ශ්‍රේණිය / ශ්‍රේණියේ සම්පූර්ණ නම. / மாணவனின் / மாணவியின் பெயர்/Student's full name :-

.....
• ප්‍රතිඵල ලේඛනයට අනුව නම /பெறுபெற்று பத்திரத்திற்கேற்ப பெயர்/ Name appearing in the Results Schedule :-

.....
• උප්පත්ත සහතිකයට අනුව නම /பிறப்புச்சான்றிதழுக்கேற்ப பெயர் /Name appearing in the Birth Certificate :-

.....
ii. විභාග අංකය/ பரீட்சை சுட்டிலக்கம் /Index No :-

.....
iii. විභාගයට පෙනී සිටි මාධ්‍යය /பரீட்சைக்குத் தோற்றிய மொழி /Medium in which the student sat the exam :-

.....
iv. දිස්ත්‍රික්කය/ மாவட்டம் /District:-..... V. ලබාගත් ලකුණු/பெற்ற புள்ளிகள் /Marks:-

මෙම ශ්‍රේණිය / ශ්‍රේණිය 2017 ශ්‍රේණිව විභාගය සමත් වූවාට හා ඉහත සඳහන් කරුණු නිවැරදි වූවාට මම සහතික කරමි.
இந்த மாணவன் / மாணவி 2017 ஆம் ஆண்டு 5ஆம் ஆண்டு புலமைப்பரிசில் பரீட்சையில் சித்தியடைந்துள்ளார் எனவும், மேற்குறிப்பிட்ட விடயங்கள் சரியானவையென்றும் உறுதிப்படுத்துகின்றேன். I certify that the above student passed the year 05 scholarship Examination in 2017 and that the information given above is correct.

විදුහල්පතිගේ දුරකථන අංකය/பாடசாலை அதிபரின் தொலைபேசி இலக்கம் /Principal's Telephone No:.....

දිනය/திகதி/ Date:-.....

.....
විදුහල්පතිගේ අත්සන (නිල මුද්‍රාව තබන්න)
பாடசாலை அதிபரின் கையொப்பம் (அலுவலக இலச்சனை இடவும்)
Signature of Principal [Please place official stamp]

3 කොටස / பகுதி – 3 /PART (III) :-

ශ්‍රේණිව විභාගයට පෙනී සිටින අවස්ථාව වන විට සාමාජිකයා සේවය කරන ආයතනයේ ප්‍රධානියා විසින් සම්පූර්ණ කළයුතුයි
மாணவர் புலமைப்பரிசில் பரீட்சைக்குத் தோற்றியபோது, அங்கத்தவர் தொழில்புரிந்த நிறுவனத்தினால் பூரணப்படுத்தப்படவேண்டியது.
To be completed by the Employer of the member ,At the time of the student sat for the scholarship Examination

01. ආයතනයේ නම/ நிறுவனத்தின் பெயர்/ Name of Company / Estate / Institution :-

.....
02. ආයතනයේ ලිපිනය /நிறுவனத்தின் முகவரி /Address :

.....
03. දුරකථන අංකය /தொலைபேசி இலக்கம்/ Telephone No :-

.....
04. සාමාජිකයාගේ සම්පූර්ණ නම / அங்கத்தவருடைய முழுப் பெயர் / Full Name of Member :-

.....
i. හය මාසික වාර්තා / R 4 හි අනුලේඛන නම /அரையாண்டு அறிக்கை II/ ஆர் 4 இலுள்ளவாறு பெயர் /Name appearing in half-yearly Form II Returns / R4 :-

ii. ජාතික හැඳුනුම්පතෙහි නම/ தேசிய அடையாள அட்டையிலுள்ளவாறு பெயர் /Name appearing in the National Identity card:

:-.....

05. සාමාජිකයාගේ ජාතික හැඳුනුම්පත් අංකය/ அங்கத்தவருடைய தேசிய அடையாள அட்டையின் இலக்கம் /Member's National Identity Card No

06. සේවයට බැඳුණු දිනය/ சேவையில் சேர்ந்த திகதி /Date of joining :-.....

07. දැනට දරණ තනතුර/ தொழில் / பதவி /Nature of employment / position:-

08. i ආයතනයේ සේ.අ.අ. අංකය හෝ පු.අ.අ. අංකය /ஊழியர் சேமலாப நிதியம் அல்லது தனியார் சேமலாப நிதிய பதிவு இலக்கம்/ Employers EPF / PPF Registration Number :-.....

ii. සාමාජික අංකය / அங்கத்துவ இலக்கம் /Member Number :-.....

ii. ශ්‍රේණිය / இலாப 5 වසර ශ්‍රේණිව විභාගයට පෙනී සිටි මාසයට පෙර ආසන්න මාස 14 දායක මුදල් පිළිබඳ විස්තර
 மாணவ,மாணவியர் 5ஆம் ஆண்டு புலமைப்பரிசில் பரீட்சைக்குத் தோற்றிய மாதத்திற்கு முன்னரான 14 மாத உதவுதொகை தொடர்பிலான விபரங்கள். / Details of contributions during the 14 months preceding the month in which the student sat the year 05 scholarship Examination: (සියලුම කොටස් සම්පූර්ණ කිරීම අනිවාර්ය වේ/ கீழுள்ள பகுதிகள் யாவற்றையும் பூரணப்படுத்தல் முக்கியமானதாகும்/ Filling all the following details is important)

වර්ෂය ஆண்டு Year	මාසය மாதம் Month	ආයතනය විසින් සේ.නි.හා අරමුදලට මෙම සාමාජිකයා වෙනුවෙන් ගෙවූ දායක මුදල contribution paid to ETF on behalf of the member நிறுவனத்தினரால் அங்கத்தவரிற்காக ஊ.ந.பொ.நி செலுத்தப்பட்ட உதவுதொகை	ආයතනය විසින් සේ.නි.හා. අරමුදලට සියලුම සේවකයින් වෙනුවෙන් ගෙවූ දායක මුදල contribution paid to ETF on behalf of all employees நிறுவனத்தினரால் ஊ.ந.பொ.நிதியத்திற்கு செலுத்தப்பட்ட முழு உதவுதொகை (சகல ஊழியர் பொருட்டும்)	චෙක්පත් අංකය Cheque No காசோலை இலக்கம்	දායක මුදල් ගෙවන දිනය Date - contribution paid உதவுதொகை செலுத்திய திகதி	දායක මුදල් ගෙවන ලද පෝර්මය (ආර්1 හෝ ආර්4 යන්න) Method of payment (R1 or R4) உதவுதொகை செலுத்திய படிவம் (ஆர் 1 அல்லது ஆர் 4)
2016	ජූලි / யூலை/ July					
2016	අගෝස්තු / ஆகஸ்ட் /August					
2016	සැප්තැම්බර්/ செப்ரெம்பர்/September					
2016	ඔක්තෝබර් /ஓக்டோபர்/October					
2016	නොවැම්බර්/ நவம்பர்/November					
2016	දෙසැම්බර් /திசெம்பர்/December					
	එකතුව /மொத்தம் /Total					
2017	ජනවාරි/ சனவரி/January					
2017	පෙබරවාරි /பெப்ரவரி/February					
2017	මාර්තු/ மார்ச் / March					
2017	අප්‍රේල් /ஏப்பிரல் /April					
2017	මැයි /மே /May					
2017	ජූනි /யூன் /June					
	එකතුව /மொத்தம் /Total					
2017	ජූලි/ யூலை/July					
2017	අගෝස්තු / ஆகஸ்ட் /August					

2016.07.01 දින සිට 2017.08.31 දින දක්වා ඉහත සඳහන් සේවකයා මෙම ආයතනයේ සේවය කර ඇති බවත් ඉහත සඳහන් කර ඇති දායක මුදල් ඔහු/ඇය වෙනුවෙන් සේ.නි.හා. අරමුදලට ගෙවා ඇති බවත් සහතික කරමි.

2016.07.01 ஆம் திகதியிலிருந்து 2017.08.31 ஆம் திகதி வரை இந்நிறுவனத்தில் சேவையாற்றியுள்ளாரெனவும், இந்த ஊழியரின் பேரில் மேற்குறிப்பிட்ட உதவுதொகை ஊ.ந.பொ.நி சபைக்குச் செலுத்தப்பட்டுள்ளது எனவும் உறுதிப்படுத்துகின்றேன்.

I certify that the above employee has been employed in this Company / Estate / Institution from 01.07.2016 till 31.08.2017 and the above mentioned contributions have been paid to ETFB on behalf of this employee.

දිනය / திகதி /Date :-

සහතික කරන නිලධාරියාගේ අත්සන සහ තනතුර (නිල මුද්‍රාව)
 உறுதிப்படுத்தும் அலுவலரின் கையொப்பமும் பதவியும் (அலுவலக இலச்சனை இடவும்)
 Certifying Officer's Signature & Designation (Please place Official Stamp)

Instructions for Filling the Application

01. **A photo-copy of the Birth Certificate of the student, certified by the school principal should be submitted.**
02. **A photo-copy of the National Identity Card of the Member, certified by the Employer should be submitted.**
03. If the student's name appearing in the Results Schedule differs from the name appearing in the Birth Certificate, Please submit a letter certified by the school principal stating that both names refer to one and the same person.
04. If the member's name (Father or Mother) appearing in the Birth Certificate of the student differs from the name in the N I C, a letter certified by the GS and Divisional Secretary stating that all names refer to one and the same person should be submitted.
05. If the member's name stated in the application by the employer differs from member's name appearing in Form II Returns, a letter certified by the Employer stating that all names refer to one and the same person should be submitted.
06. If the application is not made by either the father or mother of the student but by the guardian, he/she should furnish required documents in proof legal guardianship.
07. If both parents are members of ETF, **Only one** should apply. A student is eligible to receive this Scholarship only once.
08. Only one application in respect of a student should be submitted. Please DO NOT submit more than one application.
09. **At the time of the student sat for the scholarship Examination (20 August 2017), contributions should have been paid on behalf of the member for the 12 months preceding the month in which the Examination was held. Form II Returns in respect of contributions remitted by the Employer should have been received by the Board. Self Employment members should have paid contributions for the 36 months preceding the month in which the Examination was held.**
10. In instances where the member's age is over 70 years, such member should have 25 years of active membership of the Fund and should not have obtained a refund of contributions during that period.
11. Correctly completed applications should be sent before **30.11.2017** addressed to Scholarships **Officer, Employees' Trust Fund Board, No. 92, Kirula Road, Narahenpita, and Colombo 5.** The top left hand corner of the envelope should be marked "**YEAR 05 SCHOLARSHIP 2017**".
12. Applications which are incomplete, illegible or containing erroneous information and received after the closing date will be rejected.
13. Scholarship will be awarded only to 9,000 students who obtain high marks at the examination in each district wise. The decision of the Board of Directors of ETF Board in selecting beneficiaries shall be final.