



APIIT MERIT SCHOLARSHIPS 2009/2010 APPLICATION FORM



Please complete and return this form to:

Asia Pacific Institute of Information Technology
APIIT City Campus, # 388, Union Place
Colombo 2, Sri Lanka

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS

COURSE APPLIED FOR:

B.Sc (Hons) Computing

B A (Hons) Business Administration

For Office Use Only

Reference No:

PART A: PERSONAL DETAILS

Title: Mr. Ms

Name: (as per NIC/Passport)

First:
Middle:
Last:

NIC No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport No:

Nationality:

Date of Birth:

d	d	m	m	y	y	y	y		

Religion:

Race:

Permanent Address:

City:

District:

Province:

Telephone:

Res:	Mob:
------	------

E-mail:

PART B: PARENTAL INCOME (MONTHLY)

Family Income (Monthly)

< Rs. 20,000/- Rs. 20,001/- 30,000/- Rs. 30,001/- 40,000/- >Rs.40,001/-

PART C: ACADEMIC BACKGROUND

G C E O/Level:

School Attended:

Name:

Address:

Index No:

Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Medium:

Subject:

Result:

Subject:

Result:

G C E A/Level:

School Attended:

Name:

Address:

Index No:

Z-score:

Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Medium:

Subject:

Result:

Subject:

Result:

PART D: DECLARATION

- 1 I declare that all the particulars provided in this form are complete and correct
- 2 I agree to forward documentary proof of parental income and the educational qualifications upon request.
- 3 I agree to abide by the rules of the Asia Pacific Institute of Information Technology - Sri Lanka in awarding the APIIT Merit Scholarships.
- 4 I accept that the decision of the Selection Committee regarding the award of scholarships shall be final and not subject to appeal.

Signature: _____

Date: _____