

**Calling Application for Laptop Allocation Program for First-Year Undergraduates –  
2023/2024 Batch, Faculty of Allied Health Sciences (FAHS), USJ**

FAHS is pleased to invite applications for the **Laptop Allocation Program** designed to support **first-year undergraduates** in 2023/2024 Batch who face financial difficulties in accessing digital learning resources.

This program aims to:

- support students with **economic hardships** by providing essential learning tools
- enhance engagement in **technology-driven learning**
- ensure a **fair and transparent** laptop allocation process

**The eligibility requirements:**

Applicants must:

- be a **registered first-year undergraduate** of FAHS, pursuing a degree in one of the specified programs: B.Sc. Nursing, B. Pharm, B.Sc. MLS, or B.Sc. Optometry
- **demonstrate financial need** (priority to students facing economic hardships)
- **not own a personal laptop** or equivalent device
- submit **relevant supporting documents**, as indicated in the application
- process applications **through the personnel tutor** of the student


**Application process**


1. **Application form:** Download the official form from the **Faculty website**.
2. **Submission:** Submit the **completed application** with all required documents **on or before the deadline** announced. (*Incomplete applications will not be considered.*)
3. **Review and selection:** Applications will be reviewed by a **faculty committee**.
  - Verification of documents will be conducted.
  - Shortlisted applicants may be interviewed.
  - Final decisions will be communicated via official FAHS email.
4. **Laptop handover:** Selected students must sign a **responsible user agreement**.
  - The laptop remains **property of the faculty** and must be returned after course completion.
  - **Misuse, damage, or transfer** is strictly prohibited.

**Important notes**

- Laptops are provided **for educational purposes only**.
- Students must ensure **proper care and safe use**.
- **Loss or damage** due to negligence must be **borne by the student**.

 **Application deadline: 27<sup>th</sup> October, 2025**

 **Submit to: Senior Assistant Registrar, FAHS, USJ**

 **Application form: [Attached]**

*Student Welfare Committee, Faculty of Allied Health Sciences, University of Sri Jaywardenepura*

## Application Form for Laptop Allocation for First-Year Undergraduates

Faculty of Allied Health Sciences – University of Sri Jayewardenepura

..... Batch

### Personal information

1. (a) Name of the applicant (with initials) : .....
- (b) Names denoted by initials : .....
2. Date of birth : .....
3. Permanent address : .....
4. NIC number : .....
5. Registration number : .....
6. Department/ program : .....
7. Contact details:
  - Home phone number : .....
  - Mobile phone number : .....
  - WhatsApp number : .....
  - E-mail : .....
8. From where do you come to the university daily?
  - Home
  - Hostel
  - Boarding Place
  - Other .....

### Financial information

9. Financial information about the family:

Relationship	Age	Occupation/Address	Monthly income	Other income	Monthly total income
Mother					
Farther					
Guardian					
Brother(s)					
Sister(s)					
Other					
<b>Total</b>					

10. Your income (per month):

	Categories	Rs.
i.	Student loan	
ii.	Mahapola/ Bursary scholarship	
iii.	Any other scholarships/financial aid received: (Yes/No)	
	If yes, please specify: .....	
	The amount received/ month	
	How long will you receive it: .....	
iv.	Income from parents	
v.	Earnings from your self-employment/ part-time basis	
	<b>YOUR TOTAL INCOME</b>	

11. Your expenses (per month):

	Categories	Rs.
i.	Living costs (food and clothing)	
ii.	Accommodation cost	
iii.	Course costs (materials, photocopying and any other)	
iv.	Travel: <ul style="list-style-type: none"> <li>To travel from my home/boarding house to the university costs Rs. .... for each journey, and I do this ..... times a week.</li> <li>To travel from the university/boarding place to the hospital for clinical training costs Rs. .... for each journey, and I do this ..... times a week</li> </ul>	
v.	Visiting parents: A return journey to my parents' home costs Rs: ..... I go home ..... times a month.	
vi.	Unforeseen/ unexpected expenses. Please give details.	
	<b>YOUR TOTAL EXPENSES</b>	

12. Please write a justification (in Sinhala, Tamil or English language) indicating why you do this request (Attach a separate sheet and the maximum number of words is 250.)

I, hereby declare that all the information given by me is true and accurate to the best of my knowledge. If any of the statements are found to be untrue or incorrect, the selection committee has the right to reject my application before the award. In the event of any breach of the rules or terms and conditions governing this scholarship, the selection committee has the right to terminate the award even after granting it.

Applicant's signature: .....

Date: .....

**Declaration of financial status**

I, ..... (Full Name),  
Registration No. ...., hereby declare that my family income is  
approximately Rs. .... per month, and I am unable to afford purchasing  
a laptop for my academic work.

I certify that the information provided above is true and accurate to the best of my knowledge.  
I understand that if selected, I am responsible for the proper use and care of the laptop.

Signature of student : .....

Date : .....

*(Students must attach proof such as Samurdhi card, or parent's salary slip if available)*

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**Confirmation of non-ownership of a laptop (Self-declaration)**

I, ..... (Full Name),  
Registration No. ...., hereby declare that I do not own a laptop or equivalent  
device for academic use.

Signature of student : .....

Date : .....

**Certification by Grama Niladhari**

I certify that Mr/ Ms..... is a residuary at my  
Grama Niradhari division and the monthly income of his/her parents/guardians is Rs. ....  
..... (Monthly income in words).

I also certify that the above information submitted by the applicant is true and correct.

Grama Niladhari's Signature and Seal: .....

Date: .....

**Recommendation letter (by academic personal tutor)**

This is to certify that Mr/ Ms. .... (Name),  
Registration No. ...., is a first-year undergraduate of the Department  
of ....., Faculty of Allied Health Sciences, University of Sri  
Jayewardenepura.

I confirm that, to the best of my knowledge, this student faces financial difficulties and does  
not have access to a personal laptop. Providing a laptop through the faculty scheme will greatly  
support his/her academic progress.

**Recommended by:**

Name : .....  
Designation : .....  
Signature : .....  
Date : .....

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**Certification by the Head of the Department**

I certify that Mr/ Ms..... is a student of the  
Department of .....

Signature of the Head of the Department and Seal: .....

Date: .....

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**Office use only:**

- Application no: .....
- Recommendation: .....  
Approved / not approved
- Signature of SAR, FAHS: .....