

Sri Lanka Council for Agricultural Research Policy

Capacity Building Programme

Application form 2024/2025

Last Name:

First Name :

Nationality:

Date of Birth :

Sex:

Age:

Home Address:

Street :

City :

State/Province:

Home Country:

Post Code:

Home Phone:

Mobile:

Email:

Current Address:

Street:

City:

State/Province

Current Country:

Post Code:

Phone:

Mobile:

Email:

Office Address:

Street:

City:

State/Province:

Country:

Post Code:

Office Phone:

Fax No:

Mobile:

Office Email:

Proposed Study Plan:

Degree:

Field of Study:

Expected Commencement Date:

Are you applying to other institutions? If so, which?

(Name of the Institution)

Academic Background (include course you are currently enrolled in, if applicable):

Degree Obtained:

Field of Study:

Year Started:

Year Completed:

Name of the Institution:

Location:

Language of Instruction Used:

Honor(s) received:

Degree Obtained:

Field of Study:

Year Started:

Year Completed:

Name of the Institution:

Location:

Language of Instruction Used:

Honor(s) received:

Have you been applied for SLCARP Scholarship before? (Yes/No)

Degree:

Field of Study

University:

Awarded Period (Months & Year) From: To:

English Proficiency	Reading	Writing	Speaking
Very Good			
Good			
Fair			

Professional History:

Present Employer:

Position:

Institute:

Nature of Work:

Industry:

Products/Services:

Sector: (International Organization /Public/Non-Profit)

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Annual Family income (in LKR):

(Please attach your latest Certificate of Employment indicating Annual salary/Monthly Salary with signature/stamp.)

Previous Employers: *Begin with your most recent employment excluding present excluding present employer. Use separate sheet if the space provided is not sufficient.*

Position:

Institute:

Nature of Work:

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Position

Institute:

Nature of Work:

Date of Employment (Month & Year) From:

To:

Annual Salary (in LKR):

Position

Institute:

Nature of Work:

Date of Employment (Month & Year) From:

To:

Annual Salary (in LKR):

Position

Institute:

Nature of Work:

Date of Employment (Month & Year) From:

To:

Annual Salary (in LKR):

Total Work Experience: Year(s)& Month(s) Year(s) in Supervisory Level: *(if applicable)*

While the Scholarship will provide most of your financial requirements during the study period, what other additional resources do you have if you may need them?

Why do you want to undertake this particular area of study at this institution?

Declaration of the Applicant:

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.

.....

Signature of the applicant

.....

Date

(This part is applicable only for candidates who engage in government employment)

Attestation of the head of the Department/ Institution:

I hereby certify that Mr./Mrs./Miss
who is working in this ministry/department/institution, is working in the post of
..... and his/her work and conduct are satisfactory, no disciplinary action
pending against him/her and no decision has been taken to impose any such in the future. If
she/he is selected for this scholarship program, the opportunity will be provided.

Date:-

Signature of the Head of the Department or Authorized Officer:-.....

Name:-

Designation:-

Ministry / Department:-

Official seal:-