



Rajarata University of Sri Lanka, Mihintale  
**Application for New Student Enrolment**  
**Academic Year 2020/2021**

**Form No.: SR-01**

Paste a colour photograph of the applicant  
 Size: 4cm x 5cm

Note: Use English block capital letters to fill this application.

- 01 Registration No :- .....
- 02. National Identity Card or Passport No :- .....
- 03. Index Number of the G.C.E. (A/L) Examination 2020 :- .....
- 04. Selected Course of Study :- .....
- 05. I. Name with Initials :- (Rev./Mr./Ms./ Other).....  
 II. Full Name :- .....
- 06 Contact Details  
 I. Telephone No. :- ..... E-mail:.....  
 II. Permanent Address :- .....
- III. Contact Address  
 (If there is a difference from permanent address) .....
- 07. Grama Niladhari Division:- ..... District:- .....
- 08. Race:..... Religion:.....
- 09 Gender:..... Civil Status:.....
- 10. Citizenship:..... (By Descent/ By Registration)

11. Full Name of Father/Mother/Guardian:.....  
 .....  
 Occupation:.....  
 Address of the place of work:.....  
 .....  
 Telephone Number:.....

12. Name and the Telephone Number of the person to be informed in case of an Emergency  
 Name:.....  
 Telephone:.....

**13. Declaration of the Student/Applicant**

1. I, .....  
 .....(Name of Student) have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of ragging and other forms of Violence in Educational Institutions Act, 20 of 1998.
2. I hereby undertake that;
  - 2.1 I will not indulge in any behavior or act that may come under the definition of ragging.
  - 2.2 I will not participate in or abet or propagate ragging in any form
  - 2.3 I will not hurt anyone physically or psychologically or cause any other harm.
3. I hereby agree that if am found guilty of any form of ragging, I may be punished as per the law enforced any by-laws of the University.
4. I do hereby affirm that, during the period of my stay in the university, I will not engage in or encourage any form of anti-social behavior including ragging (torture) and that I will pay due respect to the teachers and officials and that I will not engage in any act that will harm the goodwill of the university.  
 I am fully aware that I am liable for suspension from the university and for any other disciplinary action if I am unable to abide by the bylaws of this act.  
 Signed this on the ..... day of the month of ..... the year  
 .....

.....  
 Signature of the Student/ Applicant

I hereby certify that this student/applicant, who is known to me personally, has enclosed all information relevant to this enrolment form correctly and that he/she signed this application in my presence.	
Name of the Student/Applicant	
National Identity Card No. of the Applicant	
Signature of the Student/Applicant	
Name of the Justice of Peace/Commissioner for Oaths/Principal of the School of the applicant	
Signature of the Justice of Peace/Commissioner for Oaths/Principle of the School of the applicant	
Official Stamp of the Justice of Peace/Commissioner for Oaths/Principle of the School	

**Undertaking by the Parent/ Guardian**

1. I, .....(Name of Parent/Guardian) have carefully read fully understood the law prohibiting ragging in the prohibition of Ragging and Other Forms of Violence in Educational Institutions Act, No. 20 of 1998.
2. I assure you that my son/ daughter/ ward will not indulge in any form of ragging.
3. I hereby agree that if he/she is found guilty of any form of ragging he/she may be punished as per the law enforced and by-laws of the University.

.....  
Signature of Mother/ Father/ Guardian

Name :.....

Relationship to the student: .....

Address: .....

.....

.....

14. The Students, who wish to be enrolled with this University, are required to pay the enrolment fee as follow.

Category	Enrolment Fee
If a student of Medicine/Applied Sciences/Technology or Agriculture faculties.	Rs. 1,900/=
If a student of Management or Social Sciences & Humanities (Arts) faculties.	Rs. 1,400/=

The paying-in voucher which can be downloaded from the <https://payment.rjt.ac.lk/student/> , should be used in paying of University enrolment fee. Students can use any mode of payment options from the following

OP1. Online payment using Credit Card or Debit Card by login on to <https://payment.rjt.ac.lk> web site

*Note: use your email as username and click forgot password option to get your login password.*

OP2. Money transfer using internet banking facilities provided by the Bank of Ceylon or People's Bank.

*Note: Student should remark the 'PIV no' in the description field provided by the banking app*

OP3. Counter payment at any of the Bank of Ceylon branch in Sri Lanka

OP4. Counter payment at any of the People's Bank branch in Sri Lanka

*Note: Student must complete date & signature in the paying-in voucher before proceeding counter payment. Bank copy of the voucher will be retained by the bank. The University copy and the student copy with bank imprint will be returned to you by the bank on completion of the payment.*

Paste the duly endorsed bank voucher (payment slip) received on payment of enrolment fee.

Paste payment slip here



### Rajarata University of Sri Lanka Special Skills of Students

Registration No.:

National Identity Card No or Passport No:

01. Name of the Student (with initials) : .....

02. Hobbies : .....  
.....  
.....

03. (a) Sports

Athletics	Events participated (with details)	Details of the sports festival	Year	Place/Awards
1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....

(b) Indoor Games/ Sports

1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....

(c) Outdoor Games/ Sports

1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....

04. Art skills (Drawing, Sculpture)

Art	Exhibitions held	Year	Certificates received
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

**05. Music Skills**

**1. Skills related to playing instruments**

Instrument you can play	Musical programmes/Shows participated	Year
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

**2. Singing Skills**

1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

Singing medium:.....

**06. Dancing Skills**

Dancing category	Events participated	Year	Certificates/awards received
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

**07. Performing Skills**

Drama, Films, Teledrama participated	Character performed	Direction	Year of production
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

**08. Any events, exhibitions, drama, you have organized under No.3, 4,5,6,7**

1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

**09. Oratory skills**

Orations, debates participated	Details of the events	Year	Certificates/awards receives
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....

**10. Leadership-Positions held in committees, associations in school and village**

Position	Institute/Organization	Period	Service extended
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....

**11. Writing Skills (Novels, Poetry, Articles, papers published)**

Title of the publication	News paper/ Magazine/Journal	Medium	Year
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....

**12. Please indicate other skills (Mention your production/Creative abilities)**

.....

.....

.....

**13. Details of occupation done after leaving school.**

Institute	Post	Services offered	period from-to
1. ....	.....	.....	.....
.....	.....	.....	.....
2. ....	.....	.....	.....
.....	.....	.....	.....

14. Details of self employment, joint ventures or other business engaged in full time or part time during the studies or after leaving school.

Business	Service rendered	Monthly turn over	Your monthly income
1. .... .....	..... .....	..... .....	..... .....
2. .... .....	..... .....	..... .....	..... .....
3. .... .....	..... .....	..... .....	..... .....

Date: .....

.....  
Signature of the Student





Form No.: SR-03

Rajarata University of Sri Lanka  
Mihintale  
Application for the Student Identity Card

01. Registration No :- ..... 02. Admission Year:- 2020/2021
03. National Identity Card or Passport No: :- .....
04. Course of Study :- .....
05. Full Name **in English** :- .....  
as per the National Identity Card .....
06. Full Name **in Sinhala or Tamil** :- .....
07. I. Title :- (Mr./Ms./Rev./Other) .....
- II. Name with Initials :- .....
08. Telephone No. :- ..... E-mail:.....
09. Permanent Address **in English** :- .....  
: .....  
: .....
10. Permanent Address: .....  
**in Sinhala or Tamil** .....
11. Postal Address: .....  
If there is a difference from permanent address .....

12. Photo

Paste a colour photograph of the applicant  
Size: 4cm x 5cm

13. Signature

Please place your regular signature inside the cage above. Signature should not touch the border.





### Rajarata University of Sri Lanka Application for the Residential Facilities

Index No. (2020 A/L) :.....

Registration No : .....

(For office use only)

**Hostel facilities are provided to the students, who resides more than 40 km away from the University.**  
All incomplete applications will be rejected. Information should be furnished under each number otherwise mention inapplicable. When it is necessary mark "X" on the relevant cages. If you request residential facilities under medical grounds, such medical certificates should be submitted along with this application. Medical certificates submitted thereafter will not be accepted under any circumstances.

Closing date of the applications: **Refer to the covering letter**  
(Application after the due date will not be considered)

1. (a) Name with initials :.....  
.....
- (b) Name in full :.....  
.....
- (c) Telephone Nos. Land :..... Mobile:.....
2. Sex: : Female  Male
3. Civil Status : Married  Unmarried
4. NIC No. : .....
5. Faculty : .....
6. Permanent Address : .....
7. District : ..... Electorate : .....
8. (a) Closest town situated on the way to the university :.....  
(Distance should be mentioned in Kilometers)
- (b) Distance from the permanent residence to this town in kilometers:.....
- (c) Distance from the permanent residence to the University: .....
9. Address for correspondences (If it is : .....
- different from permanent address) : .....
- .....
- .....
- .....

10. Address of father/mother/guardian : .....
11. If you are employed, :
- (a) Designation:.....
- (b) Address of the place of employment .....
12. Any other reason which helps to consider for residential facilities (such requests should be certified by the Grama Niladari) Appeals should be attached separately. ....

I do hereby certify that the particulars given by me are true and correct to the best of my knowledge and I agree to follow rules and regulations stipulated by the university, if I am selected for residential facilities, I agree to inform the university and vacate hostel if I get married or found employment.

Date:..... Signature of the Student

**Recommendation of Grama Niladhari**

I do hereby certify that the particulars given under Nos. 1, 3, 4, 6, 7, 8, 9, 10, 11, 12 are true and correct to the best of my knowledge.

Date :..... Signature of Grama Niladhari

(Official frank)



Admission Year: 2020/2021

DEPARTMENT OF PHYSICAL EDUCATION
RAJARATA UNIVERSITY OF SRI LANKA
STUDENTS' PHYSICAL ATTRIBUTES & SPORT ACHIEVEMENTS

Student Registration No:

[Empty box for Student Registration No.]

National Identity Card No or Passport No:

[Empty box for National Identity Card No or Passport No.]

- 01. Full Name (Mr./ Mrs./ Miss.)
02. Faculty
03. Weight
04. Height
05. Date of Birth
06. Permanent Address
07. District
08. Contact No. (Residence, Mobile)

09. Education Detail table with columns: Name of the School, From, To

10. Sports Achievement table with columns: Year, Sports, Level (School/District/Province/National/International), Achievement

11. Other Qualification

Date: Signature of the Student:





## Rajarata University of Sri Lanka

### Application for Bursary

Please read this carefully before attempting to fill your response.

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#### **Eligibility criteria for applying bursaries**

Parental annual income should be equal or less than to Rs. 500,000/=

The following concessions to be added to the Income Ceilings specified above.

- a) Rs. 24,000/= concession per annum per school going sister/brother who is 19 year or under, up to maximum of three children.
  - b) Rs. 36,000/= per annum per school going sister/brother following a course in a University but not in receipt of a Mahapola scholarship or a Bursary.
- 

***Only students, who are eligible according to the above criteria for bursary, should proceed (apply) through the following steps (Others should not require to complete and return this form)***

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#### **Condition governing the payment of Bursaries**

1. Any student who provides false, inaccurate statement or who fails to disclose any material fact in his/ her application is liable to have his/ her enrolment as an internal student cancelled.
2. The student who have applied for a Bursary or who are in receipt of Bursary should communicate in writing to the Registrar of the University in receipt of any changes of family income, marital status, employment income etc.
3. The Bursaries will be paid only during period of study in the University. The recipient of Bursary who for any reason temporarily ceases to follow the course of study or leaves the University before completion of study, should communicate that fact in writing to the Registrar of the University as the case may be.
4. The payment of a Bursary to any student may be completely stopped or temporarily suspended for any one or more of the following reasons;
  - a) The Bursary may be paid to any student who has been referred at the first year examination and who is following the course prescribed for the second year.
  - b) If the student fails to take any examination at the first available occasion for any reason which is not acceptable by the Vice Chancellor.
  - c) If the student conducts himself in an indisciplin manner.
  - d) For any other valid reason, to be decided upon at the discretion of the Vice Chancellor.
5. University authorities have their discretion on matters relating to the restoration of Bursaries, which have been stopped or temporarily suspended.
6. Each eligible student will be paid maximum of 10 monthly installments per academic year.
7. Conditions applicable to Mahapola scholarships are generally applicable to Bursaries too.
8. If you are in receipt of Mahapola scholarship, you will not be awarded the Bursary.
9. Under no condition duplicate Bursary form will be issued.

## **Instruction to the Applicant**

1. All details asked for regarding all avenues of income must be mentioned. Information supplied by regarding your income will be verified from relevant officials and the Department of inland Revenue. **Documents, relevant to the information sought for under No. IV of the application form regarding details of salary under annual gross income of parents Pension Certificates, Death Certificates, Detail of pension, Income of House, Property and Business Enterprises must be attached to the application form.**
2. No cage must be left blank or closed by lines. Where is no relevant information to be supplied, that must be so mentioned. Incomplete forms, applications received later than due date and application not sent through the Grama Niladhari and Divisional Secretary **will be rejected.**
3. This application must be duly completed, and handed over to the Grama Niladhari of the area with the relevant documents to enable him to be received on or before the deadline specified in the covering letter of enrolment. The Grama Niladhari will (as per cage Viii) send it through the Divisional Secretary in time as required. As the Bursary form needs to be sent by registered post, an envelope (6''x9'') stamped to the value of Rs.55.00 (or postage according to the weight) on which the University address written must be handed over to Grama Niladhari with application form. Under no circumstances must the application form be returned by the applicant.
4. **It must be clearly understood that if the University authorities are convinced that the information provided on the application form is false, legal action will be taken against you, or even your internal studentship will be cancelled**
5. All decisions regarding the award of the Bursary, rejection of the Bursary, or discontinuing are made by the University. Therefore, please note that request regarding Bursaries must not be made by the University Grants Commission, and such requests will not be responded.
6. **\*All applicants shall have/open a new bank saving account at the Bank of Ceylon reserved for bursary transaction. The photocopy of the passbook, showing the account number, shall be attached along with the bursary application.**



(for office use only)

**I.**

1. Student Full Name :Rev./Mr./Ms. ....
2. Name with initials :.....
3. NIC Number : .....
4. Faculty :..... Academic year :.....
5. Registration No :.....
6. Permanent Address :.....  
.....  
.....
7. Telephone No :Land.....Mobile.....
8. Grama Niladari Division :.....
9. Divisional Secretariat Division :.....
10. District :.....
11. BOC Account No :.....  
(Should be attached BOC pass book copy)

- II.** Distance from permanent residence (i.e. your home to the Rajarata University of Sri Lanka to the closest Kilometer .....km.

**III. Details of Family:**

Enter here the details of Mother, Father, brothers and sisters or guardian. If required, you must be able to submit the relevant birth certificates.

Name with initials	Date of Birth	School/Institute/HEI	Grade/ Course	Academic year or Reg. No	Mahapola /Bursary or any

**IV. Details of Family income**

Provide the gross annual income of mother, Father, and Unmarried Brothers & Sisters. Certified pay sheets should be attached.

Name with initials	Relationship (to applicant)	Employment			Property			Total
		place	Designation	Gross income	Land	House	other	
1.								
2.								
3.								
4.								
5.								
6.								
<b>Total</b>								

**V. Declaration by the Applicant:**

I certify that the above particulars furnished by me are true and correct to the best of my knowledge, and that I do not pay any income tax. Further, I affirm that in the event of any of the above particulars being proved false or inaccurate to the University Authorities. I am liable to be punished according to the Clause 4 of the instructions given to the applicants as above.

Date: .....

.....  
Signature of Applicant

**VI. INSTRUCTION TO GRAMA NILADHARI AND DIVISIONAL SECRETARY**

1. Special attention must be paid to the average income of the applicant from houses and property according to the general situation of the area and the details provided by him/her under III and IV regarding the income from houses and property. You have to make a declaration with reference to the details provided by the applicant regarding his/her sisters and brothers, the parental income entered under IV above, and the authenticity of the supporting documents and certify accordingly.
2. The application thus certified by you must be forwarded to the Divisional Secretary. Under no circumstances must you ever hand over the application to the applicant.
3. The document forwarded by the Grama Niladari, must be counter signed (certified) and sent by the Divisional Secretary under registered post to each the following address as soon as possible. For the postage, postal stamp worth Rs.55/= affixed on envelope of 6"x9" in size, which the following address is written will be provided by the applicant along with the application.

**Postal Address:**

Senior Asst. Registrar ,Student Services Division ,Rajarata University of Sri Lanka, Mihinthale.  
T.p. 025 2266577 (Student Services Division)

**VII.** Name of Grama Niladhari : .....

Name and area of the

Grama Niladhari : .....

Annual income of parents/ Guardian Rs. : .....

I have compared the annual income of the parents/ Guardian shown cage III and IV and the details of houses and property owned by the sisters and brothers with the documents submitted to me and I certify them to be correct according to the best of my knowledge and belief.

Date: .....

.....

Signature of the Grama Niladhari  
Official Stamp

**VIII. Certify that the above information are correct**

Name of Divisional Secretary : .....

Signature of Divisional Secretary : .....

Official Stamp of Divisional Secretary : .....

Division : ..... Post Office : .....

Date : .....

ශ්‍රී ලංකා රජරට විශ්වවිද්‍යාලය  
ஸ்ரீ லங்கா ரஜரட் பல்கலைக்கழகம் Rajarata  
University of Sri Lanka



මිහින්තලේ  
மிகிந்தலை  
Mihintale

ශ්‍රී ලංකා  
ஸ்ரீலங்கா  
Sri Lanka

### STUDENT REGISTRATION DIVISION

Vice Chancellor: 025-2266644 Registrar: 025-2266511  
Telephone (General): 025-2266643, 2266645, 2266646

Asst. Registrar (Registration)  
Tel / Fax: 025 - 2266744, Ex: 2141

My Ref: RJT/EXA/STR/2021/01

Date: 24/02/2022

Director, General Hospital  
Medical Officer, District Hospital/ Base Hospital

Dear Sir/ Madam,

#### **Medical Examination for University Enrolment**

A complete medical examination with basic investigation is mandatory for all new entrants seeking admission to Rajarata University of Sri Lanka. However, with the very large number of students who are seeking entry, it is an impossible task to complete these medical examinations at the University Medical Centre before they are admitted to the University.

Moreover, once admitted, there is very poor student response for routine medical examinations.

The need for medical examination before admission has been found to be more important since several students with major handicaps have been discovered long after entry to the University.

Therefore, I am compelled to seek your kind assistance in this matter. Every student will be advised to report to the nearest District/ Base/ Provincial Hospital for this medical examination.

Please be so good as to complete the attached form and send it under confidential cover to reach the following address, on or before 1<sup>st</sup> of June 2022

**Medical Officer**  
*Medical Centre*  
*Rajarata University of Sri Lanka*  
*Mihintale*

Thank you for your kind corporation.

Yours faithfully,

Asst. Registrar/Student Registration  
For Registrar





Rajarata University of Sri Lanka
Medical Examination Report

Student's Registration No: [Empty box]

This information is strictly for the use of University Health Service, and will not be released to anyone without your knowledge and consent.

Part I of the form should be completed by the student and Part II should be completed by a Doctor registered with the Medical Council of Sri Lanka and it should be signed and stamped.

Part I (To be filled by the student)

Full Name : .....
Faculty : .....
N.I.C. No. : .....
Age : ..... Sex : Male [ ] Female [ ] Sri Lankan [ ] Foreign [ ]
Religion : ..... Civil Status : Single [ ] Married [ ]
Language Competences : Sinhala [ ] Tamil [ ] English [ ]
Last School Attended : .....
Occupation of Father : .....
Home Address : .....
District : .....

Extra Curricular Activities during the School day:

Sports Yes [ ] No [ ] If yes indoor games/ outdoor games
Music Yes [ ] No [ ]
Dancing Yes [ ] No [ ]
Art Yes [ ] No [ ]
Religious Work: Yes [ ] No [ ] Leadership Yes [ ] No [ ]

Person to notify in case of emergency:

Name : .....
Address : .....
Telephone Nos. : Land : ..... Mobile: .....
Relationship : .....

Family Medical History :

	ALIVE		Dead/ Age at Death	Cause of Death
	Age	State of Health if ill, mention the illness		
Father				
Mother				
Brother/ Sister				
Brother/ Sister				
Brother/ Sister				

**Student Medical History:**

Have you suffered from any of the following:

Infectious diseases :

Mumps Yes  No

Measles Yes  No

Polio Yes  No

Rubella Yes  No

Infective Hepatitis Yes  No

Whooping Cough Yes  No

Chicken Pox Yes  No

Tetanus Yes  No

Diphtheria Yes  No

Sexually transmitted disease Yes  No

Others (Specify) : .....

Worm Infestation :

Filarial Yes  No

Others Yes  No

Tropical Diseases :

Malaria Yes  No

Amoebic Dysentery Yes  No

Dengue Yes  No

Bacillary Dysentery Yes  No

Others (Specify) : .....

Respiratory System :

Frequent Colds Yes  No

Hay Fever Yes  No

Asthma Yes  No

Pneumonia Yes  No

T.B. Yes  No

Others (Specify) : .....

Circulatory System :

Heart Disease Yes  No

High Blood Pressure Yes  No



Nervous System : Epilepsy Yes  No   
 Migraine Yes  No   
 Nervous Breakdown Yes  No   
 Others (Specify) : .....

ENT : Ear Infections Yes  No

EYE : Short Sight Yes  No   
 Long Sight Yes  No

Surgical : Fractures Yes  No   
 Operations Yes  No

Immunizations : Have you been vaccinated against Diphtheria, Tetanus, Whooping Cough, Polio, Typhoid, T.B./B.C.G. Yes  No

Mental Health : Have you any stress related problem Yes  No   
 Depression Yes  No   
 Exam anxiety Yes  No   
 Suicidal attempt Yes  No

Menstrual history : Period : Regular/ irregular flow slight/ normal/ excessive pain

Misc : High Blood Pressure Yes  No   
 Diabetic Yes  No   
 Alcohol/Drugs Yes  No   
 Tobacco/Cigarette Yes  No   
 Allergies (Specify) .....

Disability : Do you believe that you have a disability that any way requires you to receive special consideration from the University. If so please indicate the type of disability and give a brief description below;  
 .....  
 .....  
 .....  
 .....

I here certify that the information furnished by me is true and accurate.

Date:.....

.....  
 Signature of the Student

**Medical Examination Form Part II to be filled by the Medical Officers**

**Form No.: SR-07**

Student Registration Number			
Name of Applicant			
Date of Examination			
Height	cm	Weight	kg
Vision	Right eye	Left eye	
Without lenses	6/	6/	
With lens	6/	6/	
<b>Physical Examination</b>			
Pulse per minute	Systolic		Diastolic
Blood Pressure			
Ears	Right		Left
Hearing	Right		Left
Nose			
Throat			
Teeth		Decayed extracted filled Gingivitis	Dentures
Skin			
Lymph glands			
Thyroid			
Abdomen		Heart	
Hernial orifices		Lung "X" ray	
Genitalia and anus			
Any other defect			
Psychosomatic sings			
<b>Referred to</b>			
Eye Surgeon			
Dental Surgeon			
ENT Surgeon			
General Surgeon			
Orthopedic Surgeon			
Physician			
Chest Physician ("X" ray)			
Psychiatrist			
Skin Specialist			
Gynecologist			
Obstetrician			
	Urine		
	Albumen		
	Sugar		
Other examination			

Date:.....

.....

Initial of Examiner

Official Frank