

APPLICATION FOR SCHOLARSHIP

Please tick (✓) Reverend Mr. Mrs. Miss Ms.

Full Name of the student (Please write clearly in English BLOCK CAPITAL)

Name with initials (Please write clearly in English BLOCK CAPITAL) numbers

Postal Address (Please write clearly in English BLOCK CAPITAL)

NIC / Passport Number
Date of Birth (DD/MM/YY)

<input type="text"/>	<input type="text"/>
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Contact Number of the applicant (please mention other contact details on the next page)
Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>
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Course Name

Course Code
Date and time

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I hereby declare that the particulars given in this application by me are true and correct to the best of my knowledge and I agree to abide by the rules and regulations of the Transmind Institute. (Rules and regulations are mentioned behind the Student Admission Card)

Student Signature

Check the next page

G.C.E O/L Results

Student Exam Index Number

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Results

I've attached my Result sheet

Result Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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School Name

District & City

EMAIL THIS FORM TO
registrar@transmind.edu.lk
 or WhatsApp to 0761239513
 Email Title: "Scholarship 2024"