

**APPLICATION FOR FACULTY AWARDS – FACULTY OF SCIENCE AND TECHNOLOGY**

**UVA WELLASSA UNIVERSITY**

*(Duly completed application together with copies of relevant certificates/documentary proofs certified by Mentor should be submitted to the Dean of the Faculty on or before the dead line)*

1. **Personal details**

|  |  |
| --- | --- |
| Full Name |  |
| Name with Initials |  |
| Reg. No |  |
| Department |  |
| NIC  |  |
| Date of Birth |  |
| Sex:  | Male / Female |
| Contact Address |  |
| Telephone No |  | Mobile No |  |
| Email Address |  |

1. **Details of the degree programme which you have been registered**

|  |  |
| --- | --- |
| Name of the degree programme: |  |
| Specialization Area |  |
| Date of registration |  |
| GPA of the Semester I (2018/2019) |  |
| GPA of the Semester II (2018/2019) |  |

1. **Details of any disciplinary action:**
	1. Have you ever been subjected to any punishment or received any warning letter from the University? **Yes/No**
	2. If any, provide the information.

…………………………………………………………………………………………………………………………………………………………………………………………

1. **Leadership of a recognized Body**

*(Please attach certified copies of documentary proofs for all cited positions)*

|  |
| --- |
| **Holding a recognized position in a reputed/ recognized national body/ committee/ society**  |
| Name of Union/Association | Involvements(President/ Chairperson, Secretory, Treasure, Committee member) | Year | Remarks (if any) |
|  |  |  |  |
| **Recognized position in a University or Faculty body/ committee/ society** |
| Name of Faculty body/ committee/ society | Involvements(President/ Chairperson, Secretory, Treasure, Committee member) | Year | Remarks (if any) |
|  |  |  |  |

1. **Community Service and Good Citizenship:**

 *(Please attach certified copies of documentary proofs for all community services)*

|  |
| --- |
| **Community service:** Obtain an award/appreciation for the activities (social, environmental etc.) that the student has achieved during the university period from any acceptable/ reputed international or local organization/ institute by representing the university |
|  |

1. **Outstanding Talents in Sports:**

 (*Please attach certified copies of certificates to confirm the receipt of Place/award/colors)*

|  |  |
| --- | --- |
| **World university games/ National games** |  |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **International sports events representing the university** |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **Inter University Events** |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **Inter Faculty Events** |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **University Colors/ Best Athlete/ Player of the Year** |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **Post of President, Vice president, Secretary, Junior treasure and Editor of Sport Council.** |
| Name of the Sport Council | Position | Year | Remarks (if any) |
|  |  |  |  |

1. **Creative works**

*(A valid proof need to be submitted from a reputed/ acceptable organization/ institute)*

|  |  |
| --- | --- |
| **Esthetics competition** |  |
| Name of the competition | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |
| **Completion of examinations or graduating performance in aesthetic fields** |
| Name of the qualification (Visharada in orient music / Royal/ Trinity Collage Examinations in Western Music/ Arangethram in Bharatanatyam) | Remarks (if any) |
|  |  |
| **Public/mass media performance in aesthetic fields (Outside the University)** |
| Name of the Stage Drama /Movie / Place in a TV reality show | Remarks (if any) |
|  |  |
| **Performance in aesthetic fields at a University approved event (University Level/Faculty Level)** |
| Name of the Event | Place/Award | Year  | Remarks (if any) |
|  |  |  |  |

1. **Research pursing new knowledge:**

*(Please attach certified copies of documentary proof for all Research, Innovations and Intellectual Properties)*

|  |
| --- |
| **Peer Reviewed publication** |
| Title of the Paper | Author | Name of the scientific journal | Year |
|  |  |  |  |
| **Presentation at a scientific forum** |  |
| Name of the forum | International/ Local conference | Year  | Remarks (if any) |
|  |  |  |  |
| **Author of a Scientific Book/ Chapter** |  |
| Name of the Book/Book Chapter | Year  | Remarks (if any) |
|  |  |  |
| **Active contribution to outstanding research project** |  |
| Title of the research project | National / International Project | Year | Remarks (if any) |
|  |  |  |  |

1. **Declaration**

I confirm that I have read and understood the eligibility criteria and notices for guidance for Faculty Awards of Faculty of Science and Technology me to the best of my knowledge. All the information provided in this form is correct and complete. I understand that giving false information will automatically disqualify my application and I further undertake to reply any award obtained by me as a result.

I agree to the Uva Wellassa University Processing the personal data contained in this form for purposes connected with my application for the award. I understand that I may be required to be available for interviews for selection and any reasonable publicity that the University considers to be appropriate.

…………………………. … …………………………

 Signature of applicant Date

1. **Certification**

|  |  |
| --- | --- |
| **To be filled by Senior Student Counselor**I certify that I personally know above grandaunt and the details provided in the section 5 and 7 are correct/to be corrected as per my knowledge. | Signature and the Seal |
| Date: |
| **To be filled by the SAR/AR Students Affairs**I certify that the details provided in the section 1,3 and 4 are correct/to be corrected as indicated according to the records in the Personal File and the record in the Division. | Signature and the seal |
| Date: |
| **To be filled by the SAR/AR Examination**I certify that the details provided in the section 2 and 3 are correct/to be corrected as indicated according to the records in the Result Book and the record in the Division. | Signature and the seal |
| Date: |
| **To be filled by the Director Physical Education**I certify that the details provided in the section 6 are correct/to be corrected as indicated according to the records in the Unit. | Signature and the seal |
| Date: |
| **To be filled by the Head of the Department**I certify that the details provided in the section 7 and 8 are correct/to be corrected as indicated according to the records in the Department Office. | Signature and the seal |
| Date: |
| **To be filled by the Dean of relevant Faculty**I recommend/not recommend him/her for the Faculty Award of the Faculty of Science and Technology in this 2018/2019 academic year. | Signature and the seal |
| Date: |

***----------------------------------------------Official Use Only--------------------------------------------***

**To be completed by the Selection Committee**

This applicant will be nominated/not nominated for the Faculty Award of the Faculty of Science and Technology.

Name and Signature of Chairperson of the Selection Committee

Date

**---------------------------------------------------------------------------------------------------------------------**

**To be filled by the Vice Chancellor**

I approved/not approved the nomination for the Faculty Award of the Faculty of Science and Technology.

Signature of Vice Chancellor

Date

1. **Achievement Marks**

|  |  |
| --- | --- |
| Academic achievements (60%) |  |
| Extracurricular activities (40%) |  |
| **Total Marks** |  |
| **Place** |  |