Application No:

*(for office use Only****)***

**Application for Faculty Awards**

**Faculty of Management**

**Uva Wellassa University**

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

**1. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Name with Initials |  | | |
| Student Reg. No |  | | |
| Department of Study |  | | |
| NIC No. |  | | |
| Date of Birth | Date Month Year | | |
| Gender | Male Female | | |
| Contact Address |  | | |
| Telephone No |  | Mobile No |  |
| Email Address |  | | |

**2. Details of the Degree Programme for which the Student has been Registered**

|  |  |
| --- | --- |
| Name of the Degree Programme |  |
| Specialization Area (if any) |  |
| Date of Registration | Date Month Year |
| GPA of the Year Claimed | Semester I  Semester II |

|  |  |
| --- | --- |
| **Recommendation of AR/SAR Examination :**  I certify that the GPA of the year claimed is correct according to the records in the Results Book and the records in the Division. | **Signature Official Stamp**  Date: |

**3. Details of Any Disciplinary Action**

Have you ever been subjected to any punishment or received any warning letter from the University? **Yes No**

(If yes, please attach a copy of such document)

|  |  |
| --- | --- |
| **Recommendation of Senior Student Counselor of the Faculty :**  I certify that the details provided in section 3 are correct as indicated according to the records in the division. | **Signature Official Stamp**  Date: |

**4. Leadership of a Recognized Body**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.1 Holding a Recognized Position in a Recognized National Body** | | | | |
| The Name of Union/ Association | Position Held (President, Chairperson, Vice President, Secretary, Treasurer, Editor, Committee Member, Member) – *Please indicate the relevant position.* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 4.1.1 |  |  |  |  |
| 4.1.2 |  |  |  |  |
| 4.1.3 |  |  |  |  |
| **4.2 Recognized Position in any Organizations/ Societies at the University** | | | | |
| The Name of Organization/  Committee/ Society | Position Held (President, Chairperson, Vice President, Secretary, Treasurer, Editor, Committee Member, Member) – *Please indicate the relevant position.* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 4.2.1 |  |  |  |  |
| 4.2.2 |  |  |  |  |
| 4.2.3 |  |  |  |  |
| 4.2.4 |  |  |  |  |
| **4.3 Recognized Position in a Faculty or Department Body/Committee/ Society** | | | | |
| Name of the Faculty or Department Body/Committee/ Society | Position Held (President, Chairperson, Vice President, Secretary, Treasurer, Editor, Committee Member, Member) – *Please indicate the relevant position.* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 4.3.1 |  |  |  |  |
| 4.3.2 |  |  |  |  |
| 4.3.3 |  |  |  |  |

|  |  |
| --- | --- |
| **Recommendation by the Head of the Department :**  Relevant certified documents are attached.  Yes No  I certify that the details provided in sections 4.1, 4.2 & 4.3 are correct as indicated according to the records in the Division. | **Signature Official Stamp**  Date: |

**5. Community Service and Good Citizenship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Related Institute | Year | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| Assisting a victim of an accident |  |  |  |  |
| Serving as a volunteer during a natural disaster |  |  |  |  |
| Assisting fellow citizens in an exceptional way |  |  |  |  |
| Acceptable CSR activities |  |  |  |  |
| Any Other (Please indicate) |  |  |  |  |

|  |  |
| --- | --- |
| **Recommendation by the Mentor :**  Relevant certified documents are attached.  Yes No  I certify that the details provided in section 5 of this application are correct to my knowledge. | **Signature Official Stamp**  Date: |

**6. Outstanding Performances in the Field of Sports**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.1 World University Games/ International Sports Events** | | | | | |
| Name of the Event | Place/Award /Participation | Positions Held (President, Vice President, Secretary, Treasurer, Editor of Sports Council) – *Please indicate the relevant position* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 6.1.1 |  |  |  |  |  |
| 6.1.2 |  |  |  |  |  |
| 6.1.3 |  |  |  |  |  |
| **6.2 National Games/ Registered Sports Clubs** | | | | | |
| Name of the Event | Place/Award /Participation | Positions Held (President, Vice President, Secretary, Treasurer, Editor of Sports Council) – *Please indicate the relevant position* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 6.2.1 |  |  |  |  |  |
| 6.2.2 |  |  |  |  |  |
| 6.2.3 |  |  |  |  |  |
| 6.2.4 |  |  |  |  |  |
| **6.3 Inter University Games** | | | | | |
| Name of the Event | Place/Award /Participation | Positions Held (President, Vice President, Secretary, Treasurer, Editor of Sports Council) – *Please indicate the relevant position* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 6.3.1 |  |  |  |  |  |
| 6.3.2 |  |  |  |  |  |
| 6.3.3 |  |  |  |  |  |
| **6.4 Inter Faculty Games** | | | | | |
| Name of the Event | Place/Award /Participation | Positions Held (President, Vice President, Secretary, Treasurer, Editor of Sports Council) – *Please indicate the relevant position* | Year  (from-to) | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 6.4.1 |  |  |  |  |  |
| 6.4.2 |  |  |  |  |  |
| 6.4.3 |  |  |  |  |  |

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| --- | --- |
| **Recommendation by the Director/ Physical Education :**  Relevant certified documents are attached.  Yes No  I certify that the details provided in section 6 are correct as indicated according to the records in the division. | **Signature Official Stamp**  Date: |

**7. Creativity and Exceptional Ability in Aesthetic or Technical Fields**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7.1 International / National Aesthetic Competitions** | | | | | | | | | | | |  |
| Name of the Event | | Place/Award | | | | Year | | | Marks Claimed by the Candidate | | | Marks Allocated by the Selection Committee |
| 7.1.1 International Aesthetic Awards/ Accolades | |  | | | |  | | |  | | |  |
| 7.1.1.1 | |  | | | |  | | |  | | |  |
| 7.1.1.2 | |  | | | |  | | |  | | |  |
| 7.1.2 National Aesthetic Awards/ Accolades | |  | | | |  | | |  | | |  |
| 7.1.2.1 | |  | | | |  | | |  | | |  |
| 7.1.2.2 | |  | | | |  | | |  | | |  |
| **Recommendation of Subject – in charge :**  Relevant certified documents are attached  Yes No  I certify that the details provided above are correct as per the records and up to my knowledge. | | **Name**  **Designation**  **Signature Official Stamp**  **Date** | | | | | | | | | | |
| **7.2 Completion of Examinations or Graduating Performance in the Aesthetic Fields** | | | | | | | | | | | | |
| Name of the Examination/ Degree/ Other | Place/Award | | Year | | | | Marks Claimed by the Candidate | | | Marks Allocated by the Selection Committee | | |
| Visharada in Orient Music |  | |  | | | |  | | |  | | |
| Royal/ Trinity  College Examinations in  Western Music |  | |  | | | |  | | |  | | |
| Arangethram in  Bharatanatyam  Performance of up  country dancing  Traditional Kandyan  Dancing  Any Other  (Please specify) |  | |  | | | |  | | |  | | |
| **Recommendation of Subject – in charge :**  Relevant certified documents are attached  Yes No  I certify that the details provided above are correct as per the records and up to my knowledge. | **Name**  **Designation**  **Signature Official Stamp**  **Date** | | | | | | | | | | | |
| **7.3 Public/Mass Media Performance in Aesthetic Fields(Outside the University)** | | | | | | | | | | | | |
| Name of the Event  (Please tick the relevant field) | | Type of Performance & Place/ Award | | | Year | | Marks Claimed by the Candidate | | | Marks Allocated by the Selection Committee | | |
| Stage Drama | |  | | |  | |  | | |  | | |
| Movie | |  | | |  | |  | | |  | | |
| Place in reality  show | |  | | |  | |  | | |  | | |
| Any other  (Please specify) | |  | | |  | |  | | |  | | |
| **Recommendation of Subject – in Charge :**  Relevant certified documents are attached.  Yes No  I certify that the details provided above are correct as per the records and up to my knowledge. | | **Name:**  **Designation:**  **Signature: Official Stamp**  **Date:** | | | | | | | | | | |
| **7.4 Performance in the Aesthetic Field at a University Approved Event** | | | | | | | | | | | | |
| Name of the Event | | Place/Award | | | Year | | Marks Claimed by the Candidate | | | Marks Allocated by the Selection Committee | | |
| 7.4.1 | |  | | |  | |  | | |  | | |
| 7.4.2 | |  | | |  | |  | | |  | | |
| 7.4.3 | |  | | |  | |  | | |  | | |
| **Recommendation of Subject – in Charge :**  Relevant certified documents are attached.  Yes No  I certify that the details provided above are correct as per the records and up to my knowledge. | | **Name**    **Designation**    **Signature Official Stamp**  **Date** | | | | | | | | | | |
| **7.5 Invention in Managerial Field or Taking part in Project of Managerial Advancement** | | | | | | | | | | | | |
| Name of the Event | | Activity | | Year | | | | Marks Claimed by the Candidate | | | Marks Allocated by the Selection Committee | |
| 7.5.1 | |  | |  | | | |  | | |  | |
| 7.5.2 | |  | |  | | | |  | | |  | |
| 7.5.3 | |  | |  | | | |  | | |  | |
| **Recommendation of Subject – in Charge :**  Relevant certified documents are attached.  Yes No  I certify that the details provided above are correct as per the records and up to my knowledge. | | **Name**  **Designation**    **Signature Official Stamp**  **Date** | | | | | | | | | | |

**8. Research or Pursuing New Knowledge**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8.1 Peer-Reviewed Publication** | | | | |
| Title of the Paper | Authors | Year | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 8.1.1 |  |  |  |  |
| 8.1.2 |  |  |  |  |
| 8.1.3 |  |  |  |  |
| **8.2 Presentation at a Scientific Forum** | | | | |
| Name of the Forum | International/ Local Conference | Year | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 8.2.1 |  |  |  |  |
| 8.2.2 |  |  |  |  |
| 8.2.3 |  |  |  |  |
| **8.3 Author of a Scientific Book/ Chapter** | | | | |
| Name of the Book/ Book Chapter | | Year | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 8.3.1 | |  |  |  |
| 8.3.2 | |  |  |  |
| 8.3.3 | |  |  |  |
| 8.3.4 | |  |  |  |
| **8.4 Active Contribution to Outstanding Research Project** | | | | |
| Title of the Research Project | National/ International | Year | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 8.4.1 |  |  |  |  |
| 8.4.2 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8.5 Recognition/ Award for outstanding performance for Research** | | | | | |
| Title | National/ International | Year | Awarding Institute | Marks Claimed by the Candidate | Marks Allocated by the Selection Committee |
| 8.5.1 |  |  |  |  |  |
| 8.5.2 |  |  |  |  |  |

|  |  |
| --- | --- |
| **Recommendation of Subject – in Charge :**  Relevant certified documents are attached.  Yes No  I certify that the details provided in section 8 are correct as per the records and up to my knowledge. | **Name**  **Designation**  **Signature Official Stamp**  **Date** |

**9. Declaration**

I confirm that I have read and understood the eligibility criteria and notice related to the guidelines of the Faculty Awards of the Faculty of Management. I shall assure you that all the information provided by me in this application is accurate and correct to the best of my knowledge. I understand that any wrong information detected in my application shall automatically disqualify my application in the course of such an event.

I shall agree to the rules and regulations of the Faculty of Management and Uva Wellassa University stipulated in this application. I shall understand that I may be required to be available for an interview for selection if the Faculty of Management and the University considers to be appropriate.

…………………………. …………………………

Signature of the applicant Date

**10. Marks Obtained (Claimed by the Candidate)**

|  |  |
| --- | --- |
| Criteria | Marks Claimed by the Candidate |
| **Academic Achievements (600/1000 )** |  |
| **Extracurricular Activities (400/1000)** |  |
| 1. The leadership of a Recognize Body (100/1000) |  |
| 1. Community Service and Good Citizenship (80/1000) |  |
| 1. Outstanding Performances in the Field of Sports (100/1000) |  |
| 1. Creativity and Exceptional Abilities in Aesthetic or Technical fields (60/1000) |  |
| 1. Research or Pursuing New Knowledge (60/1000) |  |
| **Total Marks** |  |

…………………………………………………………For Office Use Only……………………..……………………………....

**10. Marks Obtained (Marks allocated by the Selection Committee)**

|  |  |
| --- | --- |
| Criteria | Marks Allocated by the Selection Committee |
| **Academic Achievements (600/1000 )** |  |
| **Extracurricular Activities (400/1000)** |  |
| 1. The leadership of a Recognize Body (100/1000) |  |
| 1. Community Service and Good Citizenship (80/1000) |  |
| 1. Outstanding Performance in the Field of Sports (100/1000) |  |
| 1. Creativity and Exceptional Abilities in Aesthetic or Technical Fields (60/1000) |  |
| 1. Research or Pursuing New Knowledge (60/1000) |  |
| **Total Marks** |  |

**Recommendation of the Selection Committee**

This applicant is nominated/ not nominated for the Faculty Awards of the …………………. Degree Programme of the Faculty of Management.

Name of Chairperson:

Signature of Chairperson:

Date:

|  |
| --- |
| **Certified by the Dean of the Relevant Faculty**  I recommend/ do not recommend him/her for the Faculty Awards as the Best Performing Student of the ……………………………………………..Degree Programme, Faculty of Management in the ………………………………………… academic year. |
|
| Signature and Official Stamp  Date |

**Approval of the Vice-Chancellor**

I approve the nominations recommended by the Faculty of Management for the Faculty Awards for the year ……….. for the ………………………. Degree Programme.

Signature of the Vice-Chancellor

Date