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கட்டிணைக்கப்பட்ட சட்டக்கல்விப் பேரவை - இலங்கை சட்டக் கல்லூரி  
THE INCORPORATED COUNCIL OF LEGAL EDUCATION - SRI LANKA LAW COLLEGE

## **G.B.De Silva Memorial Scholarship - 2026**

Applications are invited for consideration for the award of the above scholarship.

- Three (03) Scholarships each worth LKR 3000/-

Criteria:

1. Should be a permanent resident of Kandy District.
2. Should not be a recipient of the Mahapola Scholarship.
3. Should have performed well at the Entrance/Preliminary Year Examination.

It is the donors' wish that this Scholarship be given to needy and deserving Law College students from Kandy District. The students from other districts may also apply, but they will be considered only if there are no suitable applicants from Kandy District.

Duly filled application forms should be posted to Sri Lanka Law College/handed over to the Reception, Law College (please mention the Scholarship you are applying for on the envelope) or email [scholarships@slc.ac.lk](mailto:scholarships@slc.ac.lk), on or before June 15,2026

PRINCIPAL

May 05, 2026

ලිපිනය } 244, අළුත්කඩ සාර, කොළඹ 12, ශ්‍රී ලංකාව  
முகவரி } 244, புதுக்கடை வீதி, கொழும்பு 12, இலங்கை  
Address } 244, Hulftsdorp Street, Colombo 12, Sri Lanka

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தொலைபேசி எண் } +94 112 473 119  
Telephone Number }

විද්‍යුත් තැපෑල } enquires@slc.ac.lk  
மின்னஞ்சல் }  
Email }

[www.slc.ac.lk](http://www.slc.ac.lk)



Application No. 09

**SRI LANKA LAW COLLEGE SCHOLARSHIP FOR STUDENTS**  
**APPLICATION FORM**  
**YEAR-2026**

**Name of the Scholarship: G. B. De. Silva Memorial Scholarship**

- 1. Full Name of the Applicant: - (Mr. /M/Ms) .....
- 2. Name with Initials: - .....
- 3. Age :- ..... Date of Birth:- .....
- 4. National Identity Card No :- .....
- 5. I. Law College Registration No :- .....
- II. Year you entered the Law College:- .....
- III. Academic Year (Preliminary/Intermediate Final) :- .....
- IV. Entrance Examination Marks and Year :- .....

**6. Results of the Preliminary/Intermediate Year Examinations**

Year	Examination	Results	Average

- 7. Permanent Address:- .....
- 8. Contact Telephone Number :- .....
- 9. Name of the Father/Guardian :- .....
- 10. Nature of his employment :- .....
- Annual Income:- Rs. ....
- If mother is employed :-
- Nature of employment :- .....
- Annual Income:- Rs. ....
- 11. Other sources of annual income :- .....

12. Do you receive Mahapola scholarship? (Yes / No)

13. Name of Brothers and Sisters under 21 years of age :-

Name in full	Age	If studying, Present School / University

certify that the particulars mentioned here are true and correct.

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Date

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Signature of the applicant

Name of Grama Niladhari certifying income:-

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Name of Divisional Secretary/Add. Divisional Secretary.....

.....

Address of D.S.'s/A.D.S.'s Office:- .....

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Signature of D.S./A.D.S. :- .....

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Rubber Stamp of D.S. /A.D.S. :-

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For official use only