

UNIVERSITY OF COLOMBO
MEDICAL WELFARE SCHEME – 2026
APPLICATION FORM

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For office use only

Emp. No.: Scheme I ☐ Scheme II ☐ Scheme III ☐
(Pl. tick for appropriate)

Whether You have been Registered to the Welfare Scheme of the previous years ?		YES	NO
1.	Name of the Member with initials:		
2.	Present Post:		
	Date of Appointment:		
	Department:		
3.	Date of Birth:	Age:	
4.	National Identity Card No:	Tel.No (Office):	
		Mobile No:	
5.	Civil Status:	Single / Married/ Other	
6.	If married, (attach the married certificate)		
	a) Name of the spouse:		
	b) Date of Birth:	YYYY/MM/DD:	Age:
c) Details of Children:			
<u>Names of unmarried and unemployed Children</u> (below 21 years) (Pl. attach the photocopies of the Birth Certificates of Children)		<u>Date of Birth</u>	<u>Age</u> (as at 01-01-2026)

7.	Are you and those mentioned under 06 in good health? if not, give full details:	
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I hereby certify that the above details are true and accurate. I wish to join for Scheme I / II / III and accept to deduct Rs.300/ Rs.800/ Rs.1,400/ p.m. from my salary. With effect from 01.01.2026. *(Please cut off inappropriate)*

Signature of the Member: Date.....

I recommended that the above information is true & accurate.

Signature of the Head of Department: (Seal)

Date.....

As per the Personal file, I certify that the information given in item 1 – 6 is true and accurate

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PF/Clerk Deputy Registrar / Senior Assistant Registrar
Academic Est. / Non-Academic Est.