

STUDENT REG.NO:	UWU/
NIC No.	

<u>Uva-Wellassa University – Sri Lanka</u>

Hostel Application			
Please	e read t	he instruction given at the bottom before filling the application	
1.	Full N	Jame:	
2.	2. Name with Initials:		
3.		anent Address:	
4.		orary Address (if differ from permanent):	
5.	5. Closest Town to the Residence: District:		
6.	6. Distance to the Closest Town from residence (km):		
7.	7. Distance from the Town to the University:		
8.	Famil	y Income :	
	I.	Father's Name:	
		Annual Income :	
	II.	Mother's Name :	
		Annual Income:	
(If na	rante ai	re not there, indicate the name of guardian and annual income)	
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9.	wneu	her you are suffering from any diseases/disabilities	
	•••••		
10	. Any o	ther special reasons for you to be considered for hostels	
	•••••		
	•••••		
	•••••		
I decla	are that	all the above information are true and correct to the best of my knowledge. If any	
	_	iven by me is found to be false or incorrect the hostel facility will be withdrawn and I	
agree hostels		w rules and regulations stipulated by the University, if I am selected for residential	
•••••	Date	Signature of the Student	

I certify that the above particulars submitted by Mr. /Miss.				
true and correct.	are			
	Signature of Grama Niladhari			
Closing date of the Applications: <u>13/01/2016</u> (Applications after the due date will not be considered)				

Instructions:

- 1. Applications that are incomplete would be rejected. Please indicate "N/A" if anything is not relevant.
- 2. A medical certificate obtained from a recognized Medical Practitioner from whom you are/were taking treatment for any physical sickness or for any other sickness should be forwarded along with the application, in application for hostel is made on sickness.
- 3. You are required to pay Rs. 2500/- (per semester) as hostel fee and that should be credited to Uva Wellassa University A/c No.78166821.