

**Uva Wellassa University**

**Application form for obtaining transport**

Name of the Applicant :.............................................................................................................................................................

Designation :.............................................................................................................................................................

Degree Program :.............................................................................................................................................................

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**Particulars of trip**

Purpose :................................................................................................................................................ : :.................................................................................................................................

Places to be visited :...............................................................................................................................................................

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 ................................................................................................................................................................

No of students :................................ Year :..................... No of staff members :............................................

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Date of Travelling :..................................................................... Departure time from UWU:....................................

Date of return from destination:...................................................... Departure time from destination :............................

Route prefered :................................................................................................................................................................

 .................................................................................................................................................................

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**Recommendation**

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Signature. Head of the division / Course Director Dean / Registrar / Bursar

 ............................................................. ...............................................................

Date (DD / MM/ YYY) (DD / MM / YYY)

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**Approved by**

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Signature Vice Chancellor

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Date (DD/ MM/YYY)

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Application should be submitted to transport section 07 days before the scheduled departure date