

UWU/HC/08 - Accommodation in University Owned Hostel	Application Serial No.	
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UVA WELLASSA UNIVERSITY OF SRI LANKA
Application - Accommodation in University Owned Hostel

*Read the instructions **carefully** before filling the form and complete every question. Application cannot be considered until **fulfill** all the information and attachments required in the application.*

Section A. Personal Details

1. Name in Full: _____
 _____ (IN CAPITAL LETTERS)

2. Name with Initials: (Rev./Prof./Dr./Eng./Mr./Mrs./Ms.) _____

3. Permanent Address: _____

(* Whenever you changed the permanent address, it should be reported to the housing committee. Attach the copy of the letter which you submitted to the HR division)

4. Gender: Male/ Female

5. Civil Status: Single / Married

6. Designation: _____

7. Nature of the Appointment: Permanent / Temporary Emp. No. _____ (Refer pay sheet)

8. Date of Appointment to UWU: _____ (DD/MM/YYYY) (Attach a copy of the Appointment Letter)

9. Date of Duty Assumption at UWU: _____ (DD/MM/YYYY) (Attach a copy of the Duty Assumption Letter)

10. Duty Reassumed date after a leave period (if applicable): _____ (DD/MM/YYYY)

(Attach a copy of the Duty Resumption Letter)

Type of leave: _____ (i.e. study, maternity, vacation, special leave, etc.)

11. Department/ Division/ Unit: _____

12. Faculty: _____

13. Contact No.: _____ 14. e-mail address: _____

Section B. University Owned Hostel

15. Whether the applicant has previously occupied the University Owned Hostel: Yes / No

16. If Yes,

Date of accommodation: _____

Period Occupied: _____

Vacated Date: _____

Vacated Reason(s): _____

I do hereby certify that the above given details are true and correct according to the best of my knowledge.

 Signature of the Applicant

 Date

Recommendation of HoD, Department of _____

Recommended/ Not Recommended (Reason if not recommended) _____

Head of the Department

Date

Recommendation of Registrar/Dean, Faculty of _____

Recommended/ Not Recommended (Reason if not recommended) _____

Registrar/ Dean of the Faculty

Date

Section C. Human Resources

The particulars/ details given in the Section A are true and correct according to the personal file of the applicant/ are not true and correct due to _____

(Reason)

Signature DR/SAR/AR
Human Resources Division

Date

Recommendation of the Housing Committee

The Housing Committee of Uva Wellassa University of Sri Lanka at its _____ meeting held on _____ considered the application and recommended/ not recommended the applicant to accommodate at the University Owned Hostel.

_____ (Reason if not recommended)

Name	Position	Signature
_____	Chairman	_____
_____	Member	_____
_____	Member	_____
_____	Member	_____
_____	Member	_____
_____	Member	_____
_____	Member	_____

Approval of the Vice-Chancellor

Approved/ Not Approved (Reason if not approved) _____

Vice-Chancellor

Date: _____