

**UVA WELLASSA UNIVERSITY OF SRI LANKA**  
**Application – Reimbursement of Accommodation Cost – Single**

*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. Gender: Male/ Female 4. Civil Status: Single/ Married
5. Designation: \_\_\_\_\_
6. Nature of the Appointment: Permanent / Temporary 7. 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. Requirement**

15. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Will be checked with the Personal File)
- (\* 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)
16. Write down the distance from your permanent residence (i.e. from you home) to the Uva Wellassa University of Sri Lanka (1 mile = 1.6 k.m.):  
\_\_\_\_\_
17. District of the permanent residence: \_\_\_\_\_

### Section C. Married Details

18. State whether your spouse (if employed at UWU) getting an accommodation allowance from the University: Yes / No

NOTE: only one member of a married couple (if both are employed at UWU) is entitled for the accommodation allowance.

### Section D. Affidavit & Attestation

19. Affidavit Attached: Yes/ No

NOTE: The affidavit should be signed by the housing allowance (Single or Family) recipients/applicants above on a Rs. 50/- stamp.

Details of Attester: Vice Chancellor/ Dean/ Registrar/ Librarian/ Bursar

NOTE 1: Administrative Officers should sign before the Vice Chancellor. Employees who work under Library should sign before the Librarian. Employees who work under Financial Administration should sign before the Bursar. Other Non-Academic staff members should sign before the Registrar.

NOTE 2: Employees who work under Faculties should sign before the respective Deans of the Faculties.

### Section E. Accommodation in Badulla

Details of the accommodating place in Badulla

20. Name of the owner: \_\_\_\_\_

21. Present address: \_\_\_\_\_

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

22. Type of the temporary accommodation: Monthly rent/ Lease of the house

23. Monthly rent or lease amount: (Rs.) \_\_\_\_\_

24. Date of occupation at the house: \_\_\_\_\_ (DD/MM/YYYY)

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

\_\_\_\_\_  
Signature of the Applicant

*Please forward the application to the Convener of the Housing Committee through your proper channel with copies of required documents*

\_\_\_\_\_  
Date

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Recommended/ Not Recommended (Reason if not recommended) \_\_\_\_\_

Date

Recommended/ Not Recommended (Reason if not recommended) \_\_\_\_\_

Date \_\_\_\_\_

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

(Reason)

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 allowance for the single accommodation.

\_\_\_\_\_ (Reason if not recommended)

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

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### Approval of the Vice-Chancellor

Approved/ Not Approved (Reason if not approved) \_\_\_\_\_

\_\_\_\_\_  
Vice-Chancellor

\_\_\_\_\_  
Date: