

Uva Wellassa University of Sri Lanka
Student Affairs Division
APPLICATION FOR HOSTEL ACCOMMODATION
Academic Year: **2025/2026** Semester - 2



Basic Details

1. Full Name: _____
2. Name with Initials: _____
3. Enrollment No.: _____
4. Contact Telephone No. Fixed: _____ Mobile: _____
5. Gender: ☐ Male ☐ Female 6. NIC No.: _____
- 7.1. Permanent Address: _____

- 7.2. Present Address: (*if different from the permanent address*) _____

8. Family Details & Income:

- 8.1.1. Father's Name: _____
- 8.1.2. Father's Occupation: _____
- 8.1.3. Father's Annual Income: _____
- 8.2.1. Mother's Name: _____
- 8.2.2. Mother's Occupation: _____
- 8.2.3. Mother's Annual Income: _____
- 8.3. **Guardian:** This should be filled by the applicants who do not have parents **OR** applicants who are not in the charge of their parents **OR** by applicants who presenting guardians.
- 8.3.1. Guardian's Name: _____
- 8.3.2. Guardian's Occupation: _____
- 8.3.3. Guardian's Annual Income: _____
- 8.4.1. Total Annual Income of the Parents or Guardian (in numbers): _____
- 8.4.2. Total Annual Income of the Parents or Guardian (in words): _____

9. Distance to the University from the residence

9.1. Closest Town to the Residence: _____

9.2. District: _____

9.3. Distance to the closest town from residence (in **km**): _____9.4. Distance from the closest town to the University (in **km**): _____
Attach Google Maps & mark as *Annexure 01***10. Special conditions of the parents/guardians**10.1. If father deceased, Date deceased: _____ (You should attach certified copy of death certificate & mark as *Annexure 02*)10.2. If mother deceased, Date deceased: _____ (You should attach certified copy of death certificate & mark as *Annexure 03*)10.3. If father / mother/ guardian falls disability/sickness preventing he/them from earning a living: (You should attach the medical recommendations (Signature of the Government Medical Officer & Official Stamp of the Medical Officer is a must) & mark as *Annexure 04*)**11. Sibling's schooling and who follow higher education in government Institute/ national University**11.1. If you have any school going brothers/ sisters or bhikkhus who are 19 years or below, provide the following details of each of them.
(You **should attach the certified copies of birth certificate** of them & mark as *Annexure 04*.
i.e., Annexure 04-1, Annexure 04-2)

SN	Salt. & Name with Initial	Gender (M/F)	Date of Birth			Age as at 31/12/2025			Name of the School where education is being received
			YYYY	MM	DD	YY	MM	DD	
1.									
2.									

11.2. If you have any brothers/ sisters or bhikkhus who are following a course of study at any University/ Higher Education Institutions in Sri Lanka as **Internal degree (Free Education)**, provide the following details of each of them.

(You **should attach a letter (ORIGINAL)** obtained from the relevant University/ Higher Education Institutions & mark as *Annexure 05. i.e., Annexure 05-1, Annexure 05-2*)

SN	Name	G.C.E. (A/L) Year & Index No.	Name of the Institution of Higher Education at which he/she is studying	Date of Enroll ment	Course	Course duration i.e., 3 years	Year of Study as at 31/12/2025	Completed the degree/ Date expect to complete the degree
1.								
2.								

11.3. If you have any brothers/ sisters or bhikkhus who are following a course of study at any University/ Higher Education Institutions in Sri Lanka as **External degree**, provide the following details of each of them.

SN	Name	Enrollment No.	Name of the Institution of Higher Education at which he/she is studying	Course	Year of Study	Completed the degree/ Date expect to complete the degree
1.						
2.						

12. Differently abled undergraduates and undergraduates with special health conditions will be considered for providing university hostel facilities, regardless of the academic year, on the recommendation of the University Medical Officer.

12.1. Whether you are suffering from any Ailments/Physical Impairments: ☐ Yes ☐ No

☐ Ailments ☐ Physical Impairments

If yes, please tic the relevant box and attach the medical recommendations (Signature of the Government Medical Officer & Official Stamp of the Medical Officer is a must) & mark as *Annexure 06*

13. For Senior Students (3rd and 4th years) only: ☐ 3rd year ☐ 4th year

13.1. Excellence in academic activities

Note: Dean's list will be considered. the certification of the Dean of the faculty should be annexed & mark as *Annexure 07*.

13.2. Excellence in sports

Note: attach a list of *Excellence in sports* with the certification of the Director/ IPE & mark as *Annexure 08*.

13.3. Main office bearers of student union/ a society or club

Note: attach a list of *Main office bearers of student union/ a society or club* & mark as *Annexure 09*.

13.4. Are you undergoing Industrial Training ☐ Yes ☐ Not Applicable

If yes, hostels will not be provided in any circumstances

Note: If you required hostel during the industrial training period, the recommendation of the HoD stating the period of stay in the hostel should be annexed & mark as *Annexure 10*.

14. In case of Emergency

14.1. Name of the person to be informed in case of an Emergency:

14.2. Contact number to be informed in case of an Emergency:

I declare that all the above information are true and correct to the best of my knowledge. If any information given by me is found to be false or incorrect the hostel facility will be withdrawn.

Date: _____

Signature of the student

Certification of the Grama Niladari

This information of this application numbered as no. 8, 9, 10 and 11 is true and accurate to the best of my knowledge.

Date: _____

Signature of Grama Niladhari
(Official seal)

I certify that the above information given by the 'Grama Niladhari' is accurate.

Date: _____

Signature of Divisional Secretary
(Official seal)