

UVA WELLASSA UNIVERSITY OF SRI LANKA
Application - Accommodation in Studio Apartments

*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. Permanent Address _____

6. Designation: _____

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

8. Date of First Appointment: _____ (DD/MM/YYYY)

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

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

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

| | From | To | Type of Leave |
|-----------|-------|-------|---------------|
| Leave I | | | |
| Leave II | | | |
| Leave III | | | |

(Attach a copy of the Duty Resumption Letter)

12. Faculty: _____

13. Department/ Division/Unit: _____

14. Contact No.: _____ 15. e-mail address: _____

Section B. Studio Apartment Details

16. Whether the applicant has previously occupied the Studio Apartments: Yes / No

17. If Yes,

17.1. Date of accommodation: _____

17.2. Period Occupied: _____

17.3. Vacated Date: _____

17.4. 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

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

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 Division,

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 Studio Apartments.

_____ (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: