

**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 \_\_\_\_\_

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 First Appointment: \_\_\_\_\_ (DD/MM/YYYY)

9. Date of 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)

(Attach a copy of the Duty Resumption Letter)

11.1 Type of leave: \_\_\_\_\_ (i.e. study, maternity, vacation, special leave, etc.)

12. Department/ Division/ Unit: \_\_\_\_\_

13. Faculty: \_\_\_\_\_

14. Contact No.: \_\_\_\_\_      15. e-mail address: \_\_\_\_\_

**Section B. University Owned Hostel**

16. Whether the applicant has previously occupied the University Owned Hostel: 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*

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**Recommendation of HoD, Department of \_\_\_\_\_**

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

\_\_\_\_\_  
Head of the Department

\_\_\_\_\_  
Date

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**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

\_\_\_\_\_  
Date

Human Resources Division

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**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	_____

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**Approval of the Vice-Chancellor**

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

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

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