UWU/HC/05 - Reimbursement o	of Accommodation Cost - Mar	ried
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(IN CAPITAL LETTERS)

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

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: ______

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

3. Gender: Male / Female4. Civil Status: Single / Married
5. Designation:
6. Nature of the Appointment: Permanent / Temporary 7. 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) Type of leave:
12. Department/Division/ Unit:
13. Faculty:
14. Contact No: 15. e-mail address:
Section B. Requirement 16. Permanent Address:
(Will be checked with the Personal File)
17. 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.):
18. District of the permanent residence :
Section C. Married Details
19. Attached Certified copy of the Marriage Certificate Yes / No
20. 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.

Name with initials	Relationship	NIC No. (if applicable)
Section D. Affidavit & Attestation		
22. Affidavit Attached: Yes / No NOTE: The affidavit should be signed by the Rs. 50/- stamp.	housing allowance (Single or	Family) recipients/applicants above on a
23. Details of Attester: Vice Chancellor NOTE: Administrative Officers should sign b sign before the Librarian. Employees who wo Non-Academic staff members should sign before the	efore the Vice Chancellor. En ork under Financial Administra	ployees who work under Library should
23.1 Detail of Attester: Deans of Facu NOTE: Employees who work under Fa	lties:	(i.e. Dean/ respective Deans of the Faculties.
Section E. Accommodation in Bad	dulla	
Details of the accommodating place in B 24. State whether your spouse stay with y		No
25. Name of the owner:		
26. Present address:		
27. Monthly rent / lease of the house		
28. Monthly rent (Rs.)	or lease amount	(R s.)
29. Date of occupation at the house:		
I do hereby certify that the above given knowledge.	n details are true and co	orrect according to the best of m
Signature of the Applicant		Date

Recommended/ Not Recommended (Reason if not recommended)	Recommendation of HoD, Department of	
Recommendation of Registrar/Dean, Faculty of	Recommended/ Not Recommended (Reason if not recommended)	
Recommendation of Registrar/Dean, Faculty of		
Recommendation of Registrar/Dean, Faculty of	Head of the Department	Date
Registrar/ Dean of the Faculty Date Section F. Human Resources		
Section F. Human Resources The particulars/ details given in the Section A, B & C are true and correct according to the personal file of the applicant/ are not true and correct due to	Recommended/ Not Recommended (Reason if not recommended)	
Section F. Human Resources The particulars/ details given in the Section A, B & C are true and correct according to the personal file of the applicant/ are not true and correct due to	Registrar/ Dean of the Faculty	Date
Section F. Human Resources The particulars/ details given in the Section A, B & C are true and correct according to the personal file of the applicant/ are not true and correct due to		
The particulars/ details given in the Section A, B & C are true and correct according to the personal file of the applicant/ are not true and correct due to		
The particulars/ details given in the Section A, B & C are true and correct according to the personal file of the applicant/ are not true and correct due to		
Signature DR/SAR/AR Date	Section F. Human Resources	
Signature DR/SAR/AR Date		
Gignature DR/SAR/AR Date	The particulars/ details given in the Section A. D. & C. one to	mus and compate according to the
Signature DR/SAR/AR Date		
Signature DR/SAR/AR Date		
Signature DR/SAR/AR Date		
	personal file of the applicant/ are not true and correct due to	0
	personal file of the applicant/ are not true and correct due to	0
	personal file of the applicant/ are not true and correct due to	0
	Signature DR/SAR/AR	0
	Signature DR/SAR/AR	0

The Housing Committee of Uva Wellas	sa University of Sri Lanka at its	meeting held on
considere	ed the application and recommended/	not recommended the
Reimbursement of Accommodation Cos	st – Married.	
		(Reason if not recommended
Name	Position	Signature
	Chairman	
	Member	
	oved)	
	oved)	
Approval of the Vice-Chancellor Approved/ Not Approved (Reason if not appro Vice-Chancellor		 Date
Approved/ Not Approved (Reason if not appro		Date
Approved/ Not Approved (Reason if not appro	oved)	 Date