## 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 Statu	us: 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 c	opy of the Appointment Letter)
10. Date of Duty Assumption at UWU:(DD/MM/YYYY) (Attach a copy of	of the Duty Assumption Letter)
11. Duty Reassumed date after a leave period (if applicable):	
Type of leave: (i.e. study, maternity	of the Duty Resumption Letter)
12. Department/ Division/ Unit:	
13. Faculty:	
14. Contact No.:	
15. e-mail address:	
13. C-man 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	e) to the Uva
Wellassa University of Sri Lanka (1 mile = 1.6 k.m.):	
18. District of the permanent residence:	
1	
Section C. Married Details	
19. State whether your spouse (if employed at UWU) getting an accommodation University: Yes / No	n allowance from the

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

allowance.

Section D.	Affidavit & Attestation	
		ng allowance (Single or Family) recipients/applicants above on a
NOTE: Adn sign before		he Vice Chancellor. Employees who work under Library should er Financial Administration should sign before the Bursar. Other
21.1 Deta NOTE	il of Attester: Deans of Faculties: Employees who work under Faculties	(i.e. Dean/) should sign before the respective Deans of the Faculties.
Section E.	Accommodation in Badulla	
Details of the	accommodating place in Badulla	
22. Name of	the owner:	
23. Present ac	ddress:	
24. <b>Monthly</b>	rent / lease of the house	
25. Monthly	rent (Rs.)	_ or lease amount (Rs.)
26. Date of o	ccupation at the house:	(DD/MM/YYYY)
knowledge.  Signature of the state of the st	the Applicant	Date Committee through your proper channel with copies of required documents
	· •	
Recommende	ed/ Not Recommended (Reason if not re	ecommended)
Head of the I	Department	 Date
	•	
	ation of Registrar/Dean, Faculty	v of
Recommende		
Recommende	ed/ Not Recommended (Reason if not re	ecommended)
	ed/ Not Recommended (Reason if not reason if	

THE OUTHOURS / OPENIE GROWN IN THE SAME	ation A & D and town 1 -	ot occording to the name of
The particulars/ details given in the Sec	ction A & B are true and corre	ct according to the personal
file of the applicant/ are not true and co	orrect due to	
		(Reason)
Signature DR/SAR/AR		Date
Human Resources Division		2
Recommendation of the Housing Co	mmittee	
The Housing Committee of Uva Wella	ssa University of Sri Lanka at	its meeting held or
consider	ed the application and recomm	nended/ not recommended the
Reimbursement of Accommodation Co		
Remoursement of Accommodation Co	ost – Single	
		(Reason if not recommend
Name	Position	<b>~</b>
		Signature
	_ Chairman	Signature ————————————————————————————————————
		Signature 
	_ Chairman	Signature
	_ Chairman _ Member	Signature
	Chairman  Member  Member  Member	Signature
	Chairman  Member  Member  Member  Member  Member	Signature
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	Chairman  Member  Member  Member  Member  Member  Member  Member  Member  Member	
Approval of the Vice-Chancellor	Chairman  Member  Member  Member  Member  Member  Member  Member	
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	Chairman  Member  Member  Member  Member  Member  Member  Member	
Approval of the Vice-Chancellor	Chairman  Member  Member  Member  Member  Member  Member  Member	

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