**Uva Wellassa University of Sri Lanka**

**Student Affairs Division**

**APPLICATION FOR HOSTEL ACCOMMODATION**

**Academic Year: 2024/2025 Semester I**

**Basic Details**

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name with Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Enrollment No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender: 🞎 Male 🞎 Female 5. NIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Present Address: (*if different from the permanent address*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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*

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**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 fells 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*)

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**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****30/06/2024** | **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 &** | **Name of the Institution of Higher Education at which he/she is studying**  | **Date of Enrollment** | **Course** | **Course duration****i.e., 3 years** | **Year of Study as at****30/06/2024** | **Completed the degree/ Date expect to complete the degree** |
| **Index No.** |
| 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. |  |  |  |  |  |  |

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**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*

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**13. For Senior Students (4th Year) only:**

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*.

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**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:

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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

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**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)