UNIVERSITY OF SRI JAYEWARDENEPURA APPLICATION FOR HOSTEL FACILITIES

Academic Year 2018/2019 1ST YEAR (2020)

Ref.No.	
Course	
Academic year	

Distri	ct	•••••		Divisional Secretarial Office								
Instruc		d unclear applicat	tions will be rejected									
2.	Incomplete and unclear applications will be rejected. Applications should be delivered by hand for the register date the Deputy Registrar , Student Welfare											
2.	Branch, University of Sri Jayewardenepura, Gangodawila, Nugegoda.											
3.	Hostel Applications, relevant information, payment vouchers and Selected/Not Selected lists can be seen in the University Web Site. (University Web Site-www.sjp.ac.lk)											
4.	. Appeals are not acceptable. Necessary information should be forwarded in the first insistence with the application.											
5.	. Married students and those who have violated the rules and regulations in hostels in previous years, are not eligible for hostel accommodation.											
6.	obtained with	_	tel accommodation shou m two stamp size photog hotograph.)		1 1 2							
01. i. N	ame with Initia	ls:			ID No							
ii. P	ermanent Addr	ess:			T.Phone	e						
C	losest City to th	ne permanent Add	lress:									
T	otal distance be	tween the permar	nent address and the Univ	versity (in km)								
iii. Male /Female /Rev. (Mark "X" in the relevant place				Male	Female	Rev.						
02.i Pa	rticulars of inco	ome from employ	ment of father/mother/Gu	ıardian								
	Income Receiver	Name	Occupation and Designation and Address	Monthly Salary/income	Other Income	Tota	Monthly Total Income					
	Mother											
	Father											
_	Guardian											
(I	f working Publ particulars sho	ic Sector / Corpor ould be attached w	Monthly) ration /Ranaviru/Statutory then filling the application who receive samurdhi ben	y / Private Sector on		ne salary						

(If you are a member, please attach a certified copy of the samurddhi officer and Divisional Secretary

No of age under 06 betwee years 06-20			en	No. of University undergraduates and indicate the name and the registration no of them (A letter which certifies the studentship of the relevant university should be attached)			Forces disabled
					_		
	er is living?	Yes	No				
Mot	ther is living?	Yes No)			
(Mar	rk "X" in the r	elevant	places) (I	f father or	mother is not alive, please attach a copy of the	death cert	tificate)
	licate whether ertified copies	-			l level or International Level sports/any other frached)	ield?	
	are you a diffenched.)	rently at	oled person	n? Yes / N	to (recognized medical certificate with relevant	details sh	ould be
06. Any	other comme	nts in b	rief that yo	ou have no	ot written above and would be helpful to receive	hostel fa	cility.
I. hereby	v certify that	the aboy	ve informa	ition are t	rue and correct and if it has been revealed tha	nt they are	e false or
•	•				l accommodation. Also I certify that I will	•	
regulatio	ons pertaining	to hoste	l accommo	odations.			
Date					Applicant's Signature	• • • •	
Registra	r						
C	ty of Sri Jaye	wardene	pura.				
Certifyi	ng the Incom	e of Par	<u>ents</u>				
Accordin	ng to my knov	wledge I	certify th	at Mr/Mrs	s/Msis resid	uary at m	ıy Grama
Sevaka	division	and a	pplying	for hoste	el facilities at University of Sri Jayer	wardenep	ura and
her/his/F	Parents/Guardi	ans m o	onthly in	come is	Rs. (Mc	onthly In	come In
words)							
	10 4 2		1.0	1			1
	al Secretary's	Signatu	re and Sea	u	Grama Sevaka's Signat	ure and S	eai
Date					Date Tele Phone No.		
					Tele Phone No.		

03. Number of brothers/sisters in your family (Attach certified copies of birth certificates)

Note: * Altered applications will be rejected.