

ශ්‍රී ජයවර්ධනපුර විශ්වවිද්‍යාලය, ශ්‍රී ලංකාව
UNIVERSITY OF SRI JAYEWARDENEPURA, SRI LANKA

Information Certification Form for Hostel Facilities

01. i. Name with Initials:
- ii. NIC Number:
- iii. Permanent Address:
- iv. Closest City to the Permanent Address:
- v. Total Distance Between the Permanent Address and the Faculty of the University (in km):
- vi. Male/ Female/ Rev. (Mark "X" in the relevant place)
- | | | | | | |
|------|--|--------|--|------|--|
| Male | | Female | | Rev. | |
|------|--|--------|--|------|--|
- vii. Are you married?
- | | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|
- viii. Is your father alive?
- | | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|
- ix. Is your mother alive?
- | | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|
- x. Contact number of your Father/Mother or Guardian:

02. i. Total income of the family in all the sources: (**Monthly**)

ii. Are you a member of a family that receives the "Aswasuma" benefit?

Yes		No	
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I hereby certify that the above information provided by me is true and correct. I understand that if any of the information is found to be false or inaccurate, I will forfeit my eligibility for hostel facilities. Furthermore, I undertake to abide by all rules and regulations governing hostel facilities.

Date

Applicant's Signature

Certifying the Income and Residency of Parents/Guardian

I certify that Mr./Mrs./Ms..... who is applying for hostel facilities at University of Sri Jayewardenepura, is a resident in my Grama Niladhari Division and his/her & Parents' or Guardians' **total monthly income is Rs.**

.....

Signature and Rubber Stamp of the Grama Niladhari

Date:

Telephone Number: