UNIVERSITY OF SRI JAYEWARDENEPURA APPLICATION FOR HOSTEL FACILITIES

Academic Year 2019/2020 **1**ST YEAR (2021)

District

Ref.No.	
Course	
Academic	
year	

Divisional Secretarial Office

	ctions:												
1.	Incomplete a	nd unclear applicat	tions will be rejected.										
2.	Applications should be send by registered post within 08 days to the Deputy Registrar, Student Welfare 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.	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.	6. Those who are eligible for hostel accommodation should submit the receipt for payment of hostel fee and obtained with 2.5 cm "X" 3.5 cm two stamp size photographs. (Registered Number and the Name should be written on the backside of the Photograph.)												
01. i. N	Name with Initi	als :				ID No							
ii E	Permanent Add	recc:				T Phone	2						
							7						
	•	-	lress:										
Т	otal distance b	etween the permar	nent address and the Univ	versity (in kn	n)								
iii.	Male /Female /	Rev. (Mark "X")	in the relevant places.)	Male		Female	Rev.						
02.i Pa	rticulars of inc	ome from employ	ment of father/mother/Gr	uardian									
	Income Receiver	Name	Occupation and Designation and Address	Month Salary/in	•	Other Income	Monthly Total Income						
	Mother		11441										
-	Father												
	Guardian												
(If working Pub	lic Sector / Corpor	Monthly)Statutor when filling the application	y / Private Se			ne salary						
			ho receive samurdhi ber h a certified copy of the		fficer aı	nd Divisional Sect	etary						

N un ye	No. of betwee 06-20	nan (A l	of Une and letter versit	Forces	Forces disabled					
								<u> </u>		
04. Father is living?		Yes	N	То						
Moth	ner is living?	Yes	1	No						
(Marl	k "X" in the r	elevant _j	places)	(If fath	er or	mother is not alive, please attach a copy of the	death cert	ificate)		
(Ce	rtified copies	of certif	ficates sl	nould b	e atta					
	re you a diffe ched.)	rently ab	oled pers	on? Ye	s/N	o (recognized medical certificate with relevant	details sh	ould be		
06. Any	other comme	nts in b	rief that	you ha	ve no	ot written above and would be helpful to receive	hostel fa	cility.		
I, hereby	certify that	the abov	e inform	nation	are tı	rue and correct and if it has been revealed tha	at they are	e false or		
incorrect	, I know that	t I am n	ot entitl	e for l	nostel	accommodation. Also I certify that I will of	obey all 1	rules and		
regulation	ns pertaining	to hoste	l accomr	nodatio	ons.					
Date					Applicant's Signature					
Registrar										
Universit	y of Sri Jaye	wardene	pura.							
Certifyir	ng the Incom	e of Par	<u>ents</u>							
Accordin	g to my knov	wledge I	certify	that M	r/Mrs	/Msis resid	uary at m	ıy Grama		
Sevaka	division	and aj	pplying	for	hoste	el facilities at University of Sri Jayev	wardenep	ura and		
her/his/Pawords)	arents/Guardi	ans m o	onthly i	ncome	is	Rs. (Mo	onthly In	come In		
	al Secretary's		re and S	eal			Grama Sevaka's Signature and Seal			
Date						Date				
						Tele Phone No.				

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

Note: * Altered applications will be rejected.