## UNIVERSITY OF SRI JAYEWARDENEPURA APPLICATION FOR HOSTEL FACILITIES

## Academic Year 2020/2021 (2022- FINAL YEAR STUDENTS)

**District** ......

Registration	
No	
Course	
Academic	
year at	
present	

Divisional Secretarial Office .....

1.	tions: Incomplete and	unclear application	s will be rejected.									
2.	The duly completed applications should be forwarded within 8 days to student welfare divison.											
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.	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.)											
. i. Na	ame with Initials	:										
ii. Pe	ermanent Address	3:						Т	.Phone			
Cl	osest City to the	permanent Address	:									
To	otal distance betw	een the permanent	address and the Univer	sity (in	km)							
iii. Male /Female /Rev. (Mark "X" in the relevant places.)					Male Fen			nale Rev			7.	
iv. For which year do you apply for hostel facilities? (Mark "X" in the relevant places.)						2 <sup>nd</sup>			3 <sup>rd</sup>		4 <sup>th</sup>	th
v. Are	e you applying ho	ostel facilities for th	e final year?									
2.i Par	ticulars of incom	e from employment	of father/mother/Guard	dian								
	Income Receiver	Name	Occupation and Designation and Address		Monthly Salary/income		Other Income			Monthly Total Income		
	Mother		11441 655									
-	Father											
	Guardian											
<u>L</u>	<u> </u>		<b>L</b>								<u> </u>	
			<u>hly</u> ) n /Statutory / Private Se									

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

.iii Are You a member of a family, who receive samurdhi beneficiaries

No of age under 06 years		No. o betwee	_	,	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	Force: disabl
04. Fat	her is living?	Yes		No			
Mo	ther is living?	Yes		No			
b 06. A  I, hereb know th accomm	e attached.)  ny other commen  y certify that the nat I am not entitl  nodations.	ts in brid	ef that y	you hav	No (recognized medical certificate with relevant details should be not written above and would be helpful to receive hostel facile true and correct and if it has been revealed that they are falation. Also I certify that I will obey all rules and regulations pe	ity. se or inco	
Date	•••••				Applicant's Signature		
Registra Univers	ar iity of Sri Jayewa	rdenepur	a.				
<u>Certify</u>	ing the Income o	of Parent	t <u>s</u>				
	•	Ü	•		rs/Msis residuary at		
					stel facilities at University of Sri Jayewardenepura and		
	Parents/Guardian	s <b>month</b>	ly inco	me is F	s(Monthly Income In		
words)							

Note: \* Altered applications will be rejected.

Divisional Secretary's Signature and Seal

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Date

\* The University expects that Grama Sevaka Niladari and Divisional Secretary will provide accurate details to certify above information regarding the income.

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Date

Grama Sevaka's Signature and Seal