

University of Ruhuna
Application Form for Hostel Facilities
Admission year- 2019/2020

Please attach a color photograph of size 4cmX5cm showing full face view of your head and shoulder

Applications should be submitted on or before

Please carefully read and answer all the questions providing correct information.
Please answer by word or a tick '√' or by striking out the inappropriate words.

Academic year of applying	
Faculty	

Student Registration Number

- Name in full:
- Name with initials:
- Permanent address:
- Telephone Number: Mobile Residence
- Gender : Male Female
- Marital status : Single Married
- Details of permanent residence:

District	Closest town to your residence	Distance from residence to closest town (km)	Distance from residence to relevant Faculty of the University (km)	Walking distance from bus stop to residence (km)

- Details of brothers and sisters who are students at present (a certificate from the Principal of the relevant school or from the Assistant Registrar/ Senior Assistant Registrar of the relevant Faculty/ University should be annexed as proof).

Name of Brothers / Sisters	School or University and Faculty	Present grade/Academic year

- Details of family income :

	Are your parents living? (Yes or No) (If No, a certified copy of the death certificate should be attached)	Occupation If living	Gross monthly income (Rs) (Salary statement issued by the employer or an income certificate issued by the Grama Seva Niladhari duly certified by the District Secretary should be submitted)	Samurdhi recipient/Any Other (A certified copy of the Samurdhi card should be attached)
Mother				
Father				

Guardian				
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10 Name and address of person to be informed in case of an emergency:.....

 Telephone Number: Mobile: Residence:.....
 Your relationship to the person mentioned above:

11 I certify that the above information is true and correct. I agree to pay the hostel fee decided by the University on time. If I am provided with hostel accommodation I agree to abide by the rules and regulation of the hostel and all rules in accordance to the By-Laws of the University of Ruhuna. University act and its amendments.

I agree that if any information submitted above is proved to be false or if I act in contravention to any rules or regulations of the University, I will be suspended from hostels and/or liable for any other punishment as per university rules and regulations

Date..... Student's Signature.....

Signature and Name of Father / Mother / Guardian

12 Recommendation of the Grama Niladhari:

I hereby certify that below named applicant is a current resident at the address stated in No. 03 of this application in accordance to the House Holders list issued in the year I also certify that information submitted in No. 07 (permanent residence) and No. 09 (Family income and occupation of Parent/Guardian) is true and correct / has to be corrected.

Name:
 Date: Signature:
 Telephone:

Official seal

Grama Seva Division:
 District Secretariat:

Note:

1. If there is any special reasons for requesting hostel facilities please state them in order of priority. (Documents in support of each reason should be annexed. If required a separate paper may be used.)
2. All students are requested to submit their applications requesting for hostel facilities by hand or registered post to reach the Student Affairs Branch/ Dean's Office (Agriculture/ Engineering/ Medicine) on or before the deadline.
3. Applications received after the deadline and appeals will be considered only if any vacancy exists.
4. Applications which are found to be incomplete, not duly certified or with false information will be rejected. In addition, punishment can be imposed based on University rules and regulations for submitting false statements/documents.
5. Students who violate hostel rules and regulations will be immediately suspended from hostels and/or will not be considered for the hostel facilities in future years and/or will be punished accordingly
6. Students who illegally stay in hostels will be fined Rs. 1500.00 for each occasion (for a period of 1 to 30 days) and will be subjected to appropriate punishment as per University rules and regulations.

For office use:

1. Evaluation marks:

Category	Allocated Marks
Based on the distance	
Based on income	
Special reasons related to Parents	
Special reasons related to brothers and sisters	
Total	

Prepared by:

Checked by:

.....

.....

Signature of the Subject Clerk

Signature of the Sub Warden

2. Hostel facility is recommended / not recommended / to be reconsidered with information requested.

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Signature of the Warden or Snr. Assistant /Assistant Registrar

3. Hostel facility is approved/not approved

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Date

Signature of the Deputy Vice Chancellor