



**Application for the Residential Facilities (For Freshers only)**

**Rajarata University of Sri Lanka**

Faculty :.....

A/L Index No. :.....

Registration No :.....

(For Office use only)

NIC No :.....

Those who reside more than 40 km away from the University are eligible to apply for residential facilities. However, very limited residential facilities are provided. (please read the instructions on page number 3)

1. a) Name with initials : .....

.....

b) Name in full : .....

.....

c) Permanent address: .....

.....

d) Telephone No. Land: ..... Mobile: .....

E-mail.....

2. Sex.: Male

Civil Status: Married

Female

Unmarried

3. District ..... GS Division..... AGA Division:.....

4. Closest town to the place of residence: .....

b) Distance to the Closest town to from the permanent residence (in kilometers):

.....

c) Distance to the University from the closest town: .....

5. Address for the correspondences (if it is: .....

Different from permanent address) .....

.....

**6. Are you employed?** : .....  
 (If you are found to be employed, the hostel facilities will be withdrawn. Any student who finds employment during his/her stay in the hostel should immediately inform the AR/Student Service Division)

**7. Annual Income of the Family:** .....

- i. Father's Name : .....
- Occupation : .....
- Income (per annum) : .....
- ii. Mother's Name : .....
- Occupation : .....
- Income (per annum) : .....
- iii. If the father or mother is not living
- Guardian's Name : .....
- Income (per annum) : .....

**8. i. Number of Members in the family** : Male..... Female .....

Age				
5 Years	5-10	11-15	16-20	Over 20

ii. No. of family members attending schools : .....  
 No. of family members studying in the University: .....

- iii. If a brother or sister following the University education
  - a) Whether he/she is a recipient of Mahapola / Bursary Or any other scholarship:  
 .....
  - b) Whether he/she has been provided with hostel facilities: .....

**9. Are you differently abled?** .....  
 If so, details of the sickness: .....

**10. Any others special reasons other than the information given above to be considered for Providing hostel facilities:**

.....

I do hereby certify that the particulars given by me are true and correct to the best of my knowledge and I agree to follow rules and regulations stipulated by the university, if I am selected for residential facilities, I agree to inform the university and vacate hostel if I get married or found employment. I am aware even after providing hostel facilities, if any information given by me is found to be false or incorrect the hostel facility will be withdrawn.

Date .....

Signature of the Student.....

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**Instructions**

All incomplete applications will be rejected. All cages have to be filled and in cages where information cannot be provided the words “Not applicable” should be written. When it is necessary mark “X” on the relevant cages.

**The application has to reach the Student Services Division on or before the closing date of the application (Refer to the cover letter). Application after the due date will not be considered**

1. If the father/mother/ guardian is employed in a government or a private firm the salary particulars of the father/mother/guardian for the month closest to the date of sending the application, certified by the Head of the Department/Institution be forwarded with the application.
2. A certificate indicating the number of members in your family given by the Grama Niladhari of your area and certified by the Divisional Secretary has to be attached to the application.
3. If you request residential facilities under medical grounds, such medical certificates should be submitted along with this application. Medical certificates submitted thereafter will not be accepted under any circumstances.
4. If a family member of your family is an undergraduate in any other University a certificate has to be forwarded to that effect obtained from the University concerned.

Student Services Division  
Rajarata University of Sri Lanka

Divisional Secretary

..... (Name of Division)

Thro' The Grama Niladhari

Dear Sir / Madam,

**Particulars Regarding Annual Income**

It has become necessary to obtain a certificate on the family income of .....who is an undergraduate of this University.

As the hostel facilities at the Rajarata University of Sri Lanka are provided for a limited number of students, the information you provide regarding the above student will be very essential to make our decision. Therefore, please be good enough to certify the letter appended below without charging a fee from the student as it is used only for educational purposes, and hand over the application to the student in a sealed envelope to avoid delay in providing hostel facilities.

Yours truly,

Assistant Registrar

Student Services

For Registrar

.....  
**CONFIDENTIAL REPORT**

Assistant Registrar/Student Services

Rajarata University of Sri Lanka

**Certificate on Parental Income**

I certify that according to my knowledge and information received the annual income of the parents/guardians of ..... (Name of Student) (Faculty of ..... ) is Rs. .... (in words.)

.....  
Signature of Grama Niladhari

.....  
Signature of Divisional Secretary

Office Seal:

Office Seal:

Date: .....

Date; .....