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இலங்கையின் வயாம்பா பல்கலைக்கழகம் Wayamba University of Sri Lanka Lional Jayathilake Mawatha, Kuliyapitiya, 60200, Sri Lanka.

Paste Your photo Here

Reg. No. :....

APPLICATION FOR RESIDENTIAL FACILITIES Academic Year: 2021/2022

Faculty		Course .	
Personal Info	ormation		
Title	Initials	Surname (Family Name)	
Full Name			
Gender	Date of Birth	NIC Number	
Other Inform	nation		
Distance	Province	District	
Division		Grama Niladhari Division	
Address			
Contact person	n (if emergency)	Contact no:	
Income Det		ot requested for Bursary)	
Gross Annua	al Income of Father		
Gross Annua	al Income of Mother ———		
Gross Annua	al Income of Guardian ———		
Gross incom	ne from any other sources (eg: Inco	me from Land & property etc)	
f employed a	a statement of the annual salary in	clusive of all allowances certified by the Head of the institute or if retired a statemer	
ving annual	pension inclusive of all allowance	s certified by the Director of pensions or letter to the same effect from the Divisions	
ecretariat m	ust be attached, if engage with	any business, farming or any other activities certified income statement should be	
nclosed.)			
I hereby cer	tify that the above information pro	rided by me is true and accurate to the best of my knowledge.	
	Date	Signature of the	

CERTIFICATION OF THE GRAMA NILADARI

Signature of the Grama Niladhari	
Name	
	(Official stamp)
Jame of Divisional Secretary:ignature of Divisional Secretary:	
Official Stamp of Divisional Secretary	
ivision	
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The Divisional Secretary should certify the document submitted by the Grama Sewa Niladhari and send it by registered post to reach this office. (The applicant will submit an envelope 9"X4" in size and stamped to the value of Rs. 200/- on which address of the University is written to Grama Sewa Niladhari for this purpose.)

Deputy Registrar, Student' Registration & Student's Welfare Branch Wayamba University of Sri Lanka Kuliyapitiya