



UNIVERSITY OF VAVUNIYA. SRI LANKA.

**HOSTEL REGISTRATION-
STUDENTS ON MEDICAL
GROUND**

**Affix your
Passport Size
Photograph
here**

How to complete the form:

1. Please write in BLOCK LETTERS.
2. One (1) passport-size colour photograph.

STUDENT'S PARTICULARS

1. **Name with initials:**
2. **Names denoted by the initials:**
3. **Residential Address:**
4. a. **Residential District:** b. **GS Division:** c. **DS Division:**
5. a. **Sex: Male / Female** b. **Date of Birth:** c. **NIC No:**
6. a. **University Reg. No:** b. **Faculty:**
7. a. **Course of Study:** b. **Year of Study:**
8. a. **Contact No:** b. **E Mail ID:**
9. **Whether the Candidate has any Medical History of Ailments: Yes / No**
(If yes, please state briefly & Attach Medical Certificate)
10. **Are you a beneficiary of Mahapola / Bursary:**
11. **Distance from residence to University of Vavuniya:** **KMs**
12. **Family Details: - No of brothers and sisters** (if you have Brothers and sisters attending schools / High Education Institutions, please attach the certified copies of their birth certificates)
13. **Father's Employment:**
 - a. **Whether living or Not:**
(If father is not living attach the certified copy of the death certificate)
 - b. **Annual Income in 2023 (Rs):**
14. **Mother's Employment:**
 - a. **Whether living or Not:**
(If mother is not living attach the certified copy of the death certificate)

- b. **Annual Income in 2023 (Rs):**
- 15. **Total Annual Income of the Family in 2023(Rs):**
(Including from houses, properties and other all sources)
- 16. **Have you received any financial sponsorship other than Mahapola / Bursary through this University? Yes or No**
If yes, please provide the details:
- 17. **Any other special reason for requesting accommodation in the University Hostel:**
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- 18. **Have you undergone any disciplinary action in the University? Yes/ No If Yes, Provide The details of the nature of the disciplinary actions.**
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PERSON TO CONTACT IN CASE OF EMERGENCY

Name: Relationship:
 Address: Phone No:
 Nearest Police Station to your home town:

DECLARATION TO BE SIGNED BY THE STUDENT

I have read all the information requested above attentively and furnished the information in this application form carefully. I hereby agree to abide by the rules and regulations of the Hostel in force from time to time. The information provided me in this application is true and correct. I am liable for disciplinary action in case of any breach.

Signature of Student: **Date:**

APPLICATION BASED ON THE STUDENT'S MEDICAL GROUNDS

3. Faculty Students' Counsellor's Recommendation:

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Date

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Students' Counsellor

4. Dean's Recommendation:

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Date

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Dean

5.: University Medical Officer's Recommendation:

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Date

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Signature of the UMO

6.Recommendation of the Proctor:

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Date

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Proctor

7.Recommendation of the Deputy Registrar, Student Welfare Division:

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Date

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Deputy Registrar

8.Recommendation of the Registrar:

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Date

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Registrar

9.Approved / Not Approved

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Date

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Vice Chancellor

FOR OFFICE USE ONLY

Room No: **Admitted to Hostel on:**

Room handed over with the following

1. **2.** **3.**.....

4 **5.** **6.**.....

Signature of the Sub Warden: **Date**.....