

**UNIVERSITY OF COLOMBO  
INSTITUTE FOR AGRO-TECHNOLOGY AND RURAL SCIENCES**



**APPLICATION FOR HOSTEL FACILITIES**

*Academic Year:*  
**2023/2024**

*Registration Number*  
.....

- 1) Name with Initials : .....
- 2) Permanent Address : .....
- 3) NIC Number : .....
- 4) T.Phone Number : Mobile:.....Residence:.....
- 5) Closest City to the Permanent Address: .....
- 6) Total Distance between the permanent address and the Institute (in km) : .....
- 7) Male/Female : .....
- 8) Marital status : Single  Married
- 9) Detail of course of study
  - I. Full Time/Part Time Student : .....
  - II. Present Level/Year : .....
- 10) Reference number of Hostel fee payment (Rs.24,000/=) acknowledgement : .....  
(applicable for group A students)
- 11) Detail 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				

12) Name and address of person to be informed in case of an emergency .....  
.....  
Telephone Number: Mobile:.....Residence:.....  
Your relationship to the person mentioned above:.....

13) I certify that the above information is true and correct. I agree to pay the hostel fee on time as decided by the Institute.

If I am provided with hostel accommodation I agree to abide by the rules and regulations of the hostel and all rules in accordance with the by-laws of the University of Colombo Institute for Agro-Technology and Rural Sciences and University Act and its amendments.

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

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

.....  
Signature and Name of Father/Mother/Guardian

14) Recommendation of the Grama Niladhari

I hereby certify that the above-named applicant is a current resident at the address stated in No.02 of this application in accordance with the householders list .....issued in the year .....I also certify that the information submitted in No.06 and No.11(family income) is true and correct/has to be corrected.

Name :.....

Date: .....Signature:.....

Telephone:.....

**Official seal**

Grama Seva Division :.....

---

**Note:**

01. If there is any special reason for requesting hostel facilities please state them in priority order.(Documents in support of each reason should be annexed. If required a separate paper may be used.)

02. All students are requested to submit their applications for hostel facilities by hand or registered post along with their degree registration application to reach the Senior

Assistant Registrar, University of Colombo Institute for Agro-Technology and Rural Sciences on or before the deadline.

03. Applications received after the deadline and appeals will be considered only if any vacancy exists.
04. 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 institute rules and regulations for submitting false statements/documents.
05. 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.
06. Students who illegally stay in hostels will be fined and will be subjected to appropriate punishment as per institute rules and regulations.

---

**For official use**

1. Evaluation marks:

<b>Category</b>	<b>Allocated Marks</b>
Based on the distance	
Based on income	
Special Reasons Related to Parents	
Total	

Prepared by:

.....

Signature of the Subject Clerk

Checked by:

.....

Signature of Sub Warden/Snr. Asst. Registrar

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

.....

Signature of Sub Warden

3. Hostel facility is approved/not approved.

.....

Date

.....

Signature of Snr. Assistant Registrar