**APPLICATION FOR THE FAMILY QUARTERS NO. 7/15 AT HARISCHANDRA MW,**

**COLOMBO 06**

1. Name of Applicant (with initial) (Mr/Mrs) : ……………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

2. Designation: ……………………………………………………….

3. (a) Faculty: ……………………………………………………….

(b) Department: ……………………………………………………….

4. (a) Date of appointment to the University of Colombo: ……………………………………………………….

(b) Whether permanent/temporary/casual: ……………………………………………………….

(c) Whether previously applied for Quarters: ……………………………………………………….

5. Any additional responsibilities undertaken at present:…………………………………………………………. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

6. Residential address: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

7. Distance from workplace : ……………………………………………………….

8. Telephone Number : ……………………………………………………….

9. Civil status : ……………………………………………………….

(a) Spouse’s Name : ……………………………………………………….

(b) Designation : ……………………………………………………….

(c) Place of work : ……………………………………………………….

10. Number of children : ……………………………………………………….

(a) Their ages and Gender

(i) …………………………… (ii) …………………………… (iii) ……………………………

11. Do you or any member of your family own a house/s : ………………………………………………………

12. Reason for applying for staff quarters : ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

13. Condition such as serious physical impediment which it difficult to walk or travel:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I declare that I am a member of the academic / administrative staff of the University of Colombo. The information furnished in the application above is correct, and I shall abide by the rules and regulations on allocation of a flat.

……………………………… …………………………………………….

Date Signature of Applicant

….......................................................................................................................................................

Registrar,

University of Colombo.

Recommended and forwarded.

………………………………..……. ….................................................

Dean of the Faculty Head of the Department

Date : Date :