

## Application for Hostel Facilities Swami Vipulananda Institute of Aesthetic Studies, Eastern University, Sri Lanka

Swami Vipulananda Institute of Aesthetic Studies is not a residential Institute. As very limited hostel facilities are available, the Hostel facilities will not be provided to students who have less than 40 Km distance from their residence to institute.

| 1.                                     | Full Name: Mr./Mrs. Miss:                                                                        |                                         |             |  |  |  |  |  |
|----------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|--|--|--|--|--|
|                                        |                                                                                                  |                                         |             |  |  |  |  |  |
| 2.                                     | Acaden                                                                                           | nic Year :                              |             |  |  |  |  |  |
| 3.                                     | Registra                                                                                         | ation No :                              | Department: |  |  |  |  |  |
| 1.                                     | Sex                                                                                              | :                                       | NIC No:     |  |  |  |  |  |
| 5.                                     | Perman                                                                                           | ent Address :                           |             |  |  |  |  |  |
|                                        |                                                                                                  |                                         |             |  |  |  |  |  |
|                                        |                                                                                                  |                                         |             |  |  |  |  |  |
| 5.                                     | District                                                                                         | <b>:</b> .                              |             |  |  |  |  |  |
| 7.                                     | Closest                                                                                          | Closest town to the place of residence: |             |  |  |  |  |  |
| 3.                                     |                                                                                                  | ance to the Institute from the:         |             |  |  |  |  |  |
|                                        |                                                                                                  | ace of residence                        |             |  |  |  |  |  |
| 9.                                     | Are you                                                                                          | 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 Welfare)  |                                         |             |  |  |  |  |  |
| 10.                                    | 1 ,                                                                                              | 0 ,                                     | y:          |  |  |  |  |  |
|                                        | i.                                                                                               | Father's Name                           | ·           |  |  |  |  |  |
|                                        | 1.                                                                                               | Occupation                              | :           |  |  |  |  |  |
| •                                      |                                                                                                  |                                         |             |  |  |  |  |  |
|                                        | Income (per annum):                                                                              |                                         |             |  |  |  |  |  |
|                                        | ii.                                                                                              | Mother's Name                           | :           |  |  |  |  |  |
|                                        |                                                                                                  | Occupation                              | :           |  |  |  |  |  |
|                                        |                                                                                                  | Income (per annum                       | ı) :        |  |  |  |  |  |
|                                        |                                                                                                  |                                         |             |  |  |  |  |  |
|                                        |                                                                                                  |                                         |             |  |  |  |  |  |
| iii. If father or mother is not living |                                                                                                  |                                         |             |  |  |  |  |  |
|                                        |                                                                                                  | Guardian's Name                         | :           |  |  |  |  |  |
|                                        |                                                                                                  | Income (per annum                       | n) :        |  |  |  |  |  |

| 11.     | Contact Details                                                                                                                                                                                                      |                                         |                         |                     |                                                    |                     |  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|---------------------|----------------------------------------------------|---------------------|--|
|         | i.                                                                                                                                                                                                                   | Father'                                 | s Contact No:           |                     |                                                    |                     |  |
|         | ii.                                                                                                                                                                                                                  | Mother                                  | 's Contact No:          |                     |                                                    |                     |  |
|         | iii.                                                                                                                                                                                                                 | iii. If father / mother is not living   |                         |                     |                                                    |                     |  |
|         |                                                                                                                                                                                                                      | Guardi                                  | an's Contact No:        |                     |                                                    |                     |  |
| 12.     | i. Number                                                                                                                                                                                                            | of Memb                                 | ers in the family: Mal  | e                   | Female                                             |                     |  |
|         | Age                                                                                                                                                                                                                  |                                         |                         |                     |                                                    |                     |  |
|         | 5 yea                                                                                                                                                                                                                | rs                                      | 5 - 10 years            | 11 - 15 years       | 16 - 20 years                                      | Over 20             |  |
|         |                                                                                                                                                                                                                      |                                         |                         |                     |                                                    |                     |  |
|         | ii. No. of fa                                                                                                                                                                                                        | mily me                                 | mbers attending school  | ols :               |                                                    |                     |  |
|         | No. of fa                                                                                                                                                                                                            | mily mer                                | mbers studying in the   | Universities:       |                                                    |                     |  |
|         | iii If a bro                                                                                                                                                                                                         | ther or si                              | ster following the Uni  | versity education   |                                                    |                     |  |
|         | (a) Wl                                                                                                                                                                                                               | nether he                               | / she is a recipient of | Mahapoa/ Bursary    |                                                    |                     |  |
|         | or                                                                                                                                                                                                                   | any other                               | scholarship:            |                     |                                                    |                     |  |
|         | (b) Wl                                                                                                                                                                                                               | nether he                               | / she has been          |                     |                                                    |                     |  |
|         | Pro                                                                                                                                                                                                                  | ovided w                                | ith hostel facilities:  |                     |                                                    |                     |  |
| 15. Are | you differer                                                                                                                                                                                                         | ntly abled                              | 1? :                    |                     |                                                    |                     |  |
| If s    | so, details of                                                                                                                                                                                                       | the sickn                               | ess :                   |                     |                                                    |                     |  |
| 16. An  | y other spec                                                                                                                                                                                                         | ial reasoı                              | ns other than the infor | rmation given above | to be considered for p                             | providing hostel    |  |
| fac     | ilities:                                                                                                                                                                                                             | • • • • • • • • • • • • • • • • • • • • |                         |                     |                                                    |                     |  |
| -       |                                                                                                                                                                                                                      |                                         | *                       | 0                   | gulations applicable to<br>e to the student of the |                     |  |
|         | ery student<br>stel and the                                                                                                                                                                                          |                                         | ,                       | If in such a manne  | r to maintain the goo                              | d reputation of the |  |
|         | Each student shall individually be responsible for the furniture, fittings and etc. provided for his/ her own use and collectively for all items in common use in the hostel.                                        |                                         |                         |                     |                                                    |                     |  |
| use     | Any student shall not tamper with or damage or alter any installation/ equipment nor shall he/ she make use of such installation/ equipment in any part of the building for any purpose other than those authorized. |                                         |                         |                     |                                                    |                     |  |

i)

ii)

iii)

iv)

fees already paid or payable.

In case of interruption or termination of a student's facilities at a hostel in consequence of disciplinary

action being taken against him/ her, the student shall not be entitled to any refund or reduction of any

- v) Students receiving visitors who are not registered students or staff of the institution outside regular visiting hours are required to report the same to the Sub Warden beforehand and obtain permission for such entry.
- vi) Any person without a valid hostel admission is prohibited from occupying hostels, and student are prohibited from authorizing any such person to occupy any space or his/ her room in hostel premises without permission from the Sub-warden/ warden.

I certify that the information given above are true and correct to my knowledge. 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. I hereby declare that, upon admission to the hostel, I give my consent to pay, the amount equivalent to the replacement value plus 25% of such value for the damages/loss of items which are provided for my use in the hostel.

| <br>Date                                               | Signature of Applicant                  |
|--------------------------------------------------------|-----------------------------------------|
| The above applications is recommended/ not recommended | ed                                      |
|                                                        | Assistant Registrar                     |
|                                                        | Student Welfare Division<br>SVIAS, EUSL |

## N.B.

1. The application, which is not filled properly, will be rejected. All cages have to be filled and in cage where information cannot be provided the words "Not applicable" should be written.