

UNIVERSITY OF JAFFNA. SRI LANKA.

HOSTEL REGISTRATION FORM

How to complete the form:

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

Affix your Passport size Photograph here

STUDENT PARTICULARS

1. Full Name:

2. Sur Name:	
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 His	tory of Ailments: Yes / No
(If Yes, Please state briefly & Attach Medical	l Certificate)
PERSON TO CONTAC	CT IN CASE OF EMERGENCY
Name:	Relationship:
Address:	Phone No:
Police Station Near By Your Home Town:	
DECLARATION TO B	E SIGNED BY THE STUDENT
I have read all the Rules and Regulations of the	e Hostel annexed with this application form careffuly.
I hereby agree to abide by the rules and regu	lations of the Hostel in force from time to time. I am
liable for disciplinary action in case of any brea	ach.
Signature of Student:	Date:

RECOMMENDATION OF THE DEAN

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