



SOUTH EASTERN UNIVERSITY OF SRI LANKA
APPLICATION FOR RESERVATION OF FACILITIES
AT ACADEMIC PROGRAMME CENTRE, MOUNT LAVINIA

1. Name of Applicant:

2. Designation and Department:

3. Purpose of Visit:

4. Facilities Required:

Accommodation	
Lecture Hall	

Auditorium	
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Please Mark (√)

5. If accommodation, details of the officials required accommodation

Name/s of the Official	Designation	Faculty / Department	Telephone / Mobile No.

6. Period of Stay No. of days :..... From :..... To :.....

7. If Lecture Hall, Please mention No. of Students to be accommodated:

8. Mode of Travelling : Own Vehicle / University Vehicle / Other Vehicle

9. Vehicle No. :

10. Whether Vehicle Parking is required : Yes / No

11. Whether Accommodation for Driver is required : Yes / No

Recommended / Not Recommended

.....
Signature of the Applicant

Date :

.....
Head of the Department

Deputy Registrar / General Administration

1. Required facilities are available / not available.

2. Payment is made / not made Amount:..... Receipt No. :..... Date:.....

3. If payment is not made, the reason :

.....
Date

.....
Subject Clerk

The above request is approved / not approved

.....
Date

.....
Deputy Registrar / General Administration

Note: Application should be submitted before at least 03 working days of the visit with the relevant supportive documents.