



SOUTH EASTERN UNIVERSITY OF SRI LANKA
APPLICATION FOR LODGING FACILITIES AT THE UNIVERSITY
GUEST HOUSES

1. Name of Applicant :
2. Designation and Department :
3. Number of Rooms required : A/C: Non A/C:
4. Details of Person/s to whom the accommodation is sought to:

Name/s of Guest	Designation	Address of Institution / Company	Telephone / Mobile No.

5. Purpose of Visit : Private : Official :
Please provide the reason of the visit:
6. Accommodation required place :
Guest House - Oluvil Guest House - Sammanthurai APC - Mt. Lavinia
7. Period of Stay No. of days : From : To :
8. Vehicle No :

.....
Date

.....
Signature of the Applicant

Deputy Registrar / General Administration

Room/s available / not available.

Room charges paid / not paid: Amount: Receipt No. : Date:

Reason for non-payment:

.....
Date

.....
Subject Clerk

Approved / not approved

.....
Deputy Registrar / General Administration

.....
Date

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