



SOUTH EASTERN UNIVERSITY OF SRI LANKA

APPLICATION FORM - Vendor Registration - 18th Annual General Convocation – 2026

A. Applicant Information

1. Name of Applicant / Company

2. Business Registration No.

3. Name of Proprietor / Authorized Representative

4. National Identity Card No.

5. Postal Address

6. Telephone

Office: _____

Mobile: _____

7. E-mail Address

B. Category of Vendor

Please tick (✓) the appropriate category.

☐ Flower Bouquets

☐ Gifts & Souvenirs

☐ Refreshments

☐ Ice Cream / Beverages

☐ Mobile Banking / ATM

☐ Telecommunication Services

☐ University Merchandise

☐ Other (Specify)

C. Details of Products / Services

Provide a brief description of the products or services to be offered.

D. Previous Experience

Have you previously provided similar services?

- ☐ Yes
☐ No

If yes, provide details.

E. Staffing

Number of personnel who will be deployed:

Names of personnel (if available)

F. Vehicle Details (if applicable)

Vehicle Registration Number(s)

G. Electrical Requirement

Do you require electricity?

- ☐ Yes
☐ No

If yes, specify the estimated electrical load and equipment to be used.

H. Supporting Documents

Please attach copies of the following documents.

- ☐ Business Registration Certificate
 - ☐ National Identity Card
 - ☐ Company Registration Certificate (if applicable)
 - ☐ List of Products / Price List
 - ☐ Previous Experience
 - ☐ Other Supporting Documents
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I. Declaration

I hereby certify that the information furnished in this application is true and correct to the best of my knowledge.

I agree to comply with all the rules, regulations, terms and conditions governing vendors during the 18th Annual General Convocation of the South Eastern University of Sri Lanka.

I understand that the University reserves the right to reject my application or cancel any allocation made without assigning any reason.

Signature of Applicant

Name

Date

Official Seal (if applicable)

For Office Use Only

Documents Verified ☐ Yes ☐ No

Evaluation Remarks

Recommendation ☐ Recommended ☐ Not Recommended

Signature of Evaluating Officer

Date

Approved by :

Vendor Selection Sub-Committee