



TRINCOMALEE CAMPUS

APPLICATION FOR ACCOMMODATION AT THE OFFICIAL GUEST HOUSE

No	Full Name	Designation	N.I.C.No	Relationship of Main Occupant

No of Rooms Required :

Reservation Required :

From : Date : To : Date :

Time : Time :

Nature of Duty : Duty/ Personal (please submit the document if official)

Date : Signature of Applicant

Recommendation of the Head of Department and Dean of the Faculty.

Date : Signature of Head

Date : Signature of Dean

FOR OFFICIAL USE

Telephone - 026 2222300

To : Guest House,
Trincomalee.

Please provide accommodation to the above person/s

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Senior Assistant Registrar/ Assistant Registrar

No of Rooms Allocated :

.....
Subject Clerk

.....
Date