



TRINCOMALEE CAMPUS

APPLICATION FOR ACCOMODATION AT THE OFFICIAL GUEST HOUSE

No	Full Name	Designation	N.I.C No	Relation of Main Occupation

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

Recommendation of the Head of Department and Dean of the Faculty

Date :
.....
Signature

Date :
.....
Signature

FOR OFFICIAL USE

Telephone – 026 222 2300

**To : Guest House,
Trincomalee**

Please provide accommodation to the above person/s

.....

Senior Assistant Registrar/ Assistant Registrar

No of Rooms Allocated :

.....
Subject Clerk

.....
Date